PAYROLL COMPARISON - 2025

Proposer Name: Aldo Filippelli

Evaluator Printed Name:_	Michael	Farm	//		_	
PAYROLL from Operational For	m 4.3 Sta	ffing ar	nd Pers	onnel C	alculati	ion
			ocation N	umber(s)	76 17 2	
	<u>Loc. 1</u>	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
	18-T					

Highest Rate

\$15,008		
274		
228		
\$15/HR		
	274	274

Comments:			
			THE WALL STREET

PERSONAL EVALUATION (2025)

Aldo Filippelli 18-I / 25003 Cuyahoga County, North Royalton 12771 State Rd.

Evaluation Team Number:	
Location(s) Proposed: (#1)	
Proposed as 2 nd Location	
Verify Proposer's Full Name: (#2) Aldo Filippell.	<i>!</i>
Proposer's County of Residence (NPC Operation): (#4)	
Verify Proposer's Driver's License Number: (#6)	
Proposing as Minority: (#9) Yes No	
	Auditor Nonprofit Corp.
	INCOME STATE AND A LABOR TO THE RESIDENCE OF THE PARTY OF
SCORING SUMMAR	Yakaran
FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points);
PERSONAL EVALUATION, Page 2	(Max. 55 Points): 55
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max, 100 Points):
PERSONAL EVALUATION, Page 5	(Max. 28 Points):
PERSONAL EVALUATION, Page 6	(Max. 17 Points):
PERSONAL EVALUATION, Page 7	(Max. 27 Points): 27
PERSONAL EVALUATION, Page 8	(Max. 15 Points):
TOTAL POINTS	259
TOTAL POINTS	(Max. 258 Points): <u>258</u>
Comments:	
Evaluators' Signatures Evaluators' Pr	rinted Names <u>Date</u>
(1) Medal Farant Michael	1 Farell 2/25/25
	- ,
(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)
2.	Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract?0
3.	Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)
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.	Proposer is not a State of Ohio employee or will resign? (#19)
6.	Proposer is not an active insurance agent or is nonprofit? (#20)
7.	Proposer states no criminal conviction within the last 10 years? (#21)
8.	Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)
9.	Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)
10.	Proposer can meet bond requirements? (#24 and acceptable proof) 5 *
11.	Acceptable educational information OR nonprofit corporation? (#25)
12.	Proposer has computer training or experience? (#26)
NO.	PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 55 TE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.
Com	nments:

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION Person called: Varified _____ at telephone (Company: North Royalton License Bureau Relationship: Verified experience as: Deputy Registrar Agency Owner (50) _____ Other Business Owner (34) _____ Manager or Supervisor (25) _____ Deputy Registrar Employee (23) _____ Other Employee (20) _____ Hours per week: 40 Verified Hours 40 = Factor 1 x Years 227 x Points 50 = 1385 Person called: ______ at telephone (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: 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	HO	DURS		FACTO	R x YEARS	×	POINTS		SCORE	VERIFIED
Α.	#	NA	=	1.0	× 27.7	Χ	50	=	1,385	
B.		NA			X	Х	50	=	7	
C.	#	NA	=	1.0	X	Х	50	=		
		S	ubt	otal of	13-A, 13	-B &	& 13-C		1.385	V

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	ARS X	POINTS	=	SCORE	VERIFIED
A.	#	=	X	X	34	=		
Ba	#	=	X	X	34	=		
C.,	#	=	X	X	34	=		<u> </u>
(4) (4) (4) (4) (5) (5)		Subtota	l of 14-A.	14-B 8	14-C	Ē		

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

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	RS X I	POINTS	; =	SCORE	VERIFIED
Α.	#	=	X	X	25	=		
В.	#	=	X	Х	25	=		
C.	#		Х	X	25	=		
		Subtota	l of 15-A,	15-B 8	15-C	=		

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

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

Marine Control of the		The state of the s								
ITEM AGENCY	HOU	RS = FAC	TOR X YEA	ARS X I	POINTS	5 =	SCORE	VERIFIED		
A.	#	=	X	Х	23	=				
В.	#	=	X	X	23	=				
C.	#	=	X	X	23	=				
D.	#	=	Х	X	23	=				
	Subt	otal of 16	-A, 16-B,	16-C 8	16-D	= 000	William Traffic			
Market and the book of the property of the property of the party of th			The state of the s			10.11				

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

17. OTHER EMPLOYMENT Experience, Form 3.2

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	ARS X	POINTS	5 =	SCORE	VERIFIED
A.	#	=	X	Х	20	=		
B _e	#	=	X	X	20	=		
C.	#	=	X	X	20	=		
D.	#	=	X	X	20	=		
Sü	btotal of	Lines 17	-A, 17-B,	17-C 8	17-D	=	Taran Dela	3

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

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



	PERSONAL EVALUATION	oĸ	NO
18.	Form 3.3 – Customer Service Experience		1111-1111
	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 Cou	ırts)	
	A. Are funds in acceptable financial institution and verified with bank/teller stamp?	(5)	*
13.7	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.			
	Does proposer agree to provide/maintain a written personnel policy covering the follow	/ing:	
	A. Hiring employees with deputy registrar agency experience?		
	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?	6	
	G. Progressive disciplinary steps?	(11)	0
	H. Dress code with list of acceptable attire?	\cup	
	I. Dress code with list of unacceptable attire?		
	J. A policy for maintaining the professional appearance of all staff at all times?	1	
	K. Fringe benefits (beyond those required by law or contract)?		
NOT	PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points) Te: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract continuous process.	28 tingency	
Comi	ments:		

		PERSONAL EVALUATION	ок	NO
22.	For	m 3.7 – Security Plan Summary - Did proposer agree to provide:		
	<u>A.</u>	An electronic alarm system? (Mandatory)		
	<u>B</u> ,	Alarm system monitored 24 hours, off-site? (Mandatory)		
	<u>C.</u>	Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
	<u>D.</u>	Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
	<u>E.</u>	Motion detectors connected to alarm system? (Mandatory)		
	F.	Alarm monitored contacts on all exterior doors? (Mandatory)		
	<u>G</u> .	Alarm monitored contacts on all exterior windows? (Mandatory)		
	H.	Video recording camera surveillance system? (Mandatory)		
	l.	Safe or secured locking cabinet? (Mandatory)	(1)	*
	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	ОК	NO
23,	For	m 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:	$\overline{}$	
	Α.	Indoor/Outdoor maintenance and cleaning?	12	0
	<u>B.</u>	Prompt snow and ice removal?	7	0
	<u>C.</u>		(1)	0
	D.	Repainting?		0
NOT	E: S	PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) — core indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract cont	17 ingency	·
Com	men	nts:		_

ħ		PERSONAL EVALUATION	oĸ	NO
24.	For	m 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?	$\binom{1}{1}$	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?	(13)	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?	$\binom{1}{1}$	0
	9.	How would you deal with an irate customer?		0
	10.	What training or advice do you, or will you, give to your employees for dealing with irate customers?	0	0
	11.	How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	0	0
	12.	Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	(1)	0
25.	For	m 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Co	rpora	tion
		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.	Lo	cal Law Enforcement Report / Articles of Incorporation (AOI)		
		No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
	В.	No convictions (except minor traffic) / AOI for nonprofit corporation?	2]	0
27.	BC	CI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation disqualifying convictions for individual / AOI for nonprofit corporation?	(5)	*

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

=			
	PERSONAL EVALUATION	OK	ИО
28.	Credit Report (issued in 2025) / Certificate of Good Standing for Nonprofit Corporation *Credit Reports are not required for County Auditors and County Clerks of Courts	n	
	A. Credit report submitted contains credit score?	127	0
	B. No tax liens (state or federal)?	73)	0
	C. No judgments for the past 36 months?*	73)	0
	D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	2	0
	E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	132	0
	F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	2	0
	* Exclude minor medical judgments and disputed items with good cause explanation.		
29.	The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)	(2)	0
Comr	ments:		
4			
			_
			_
			_
			_
			-

OPERATIONAL EVALUATION (2025)

Aldo Filippelli 18-I / 25003 Cuyahoga County, North Royalton 12771 State Rd.

FORM	DESCRIPTION	ок	NO					
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)							
4.1	Appointment of Agency Managers							
	A. Deputy to Work at Least Twenty (20) Hours Per Week	~						
	Proposed Work Hours Per Week 38	(5)	*					
71	B. Appointment of Manager and Assistant OR Acceptable Statement	(3)	0					
4.2	Experienced Employees Summary							
	Gave Acceptable Statement OR Provided Names							
4.3	Staffing and Personnel Calculation							
	A. Hours Recommended: 228 Proposed: 274	9	*					
	B. Work Hours and Pay Calculated Correctly	(2)	0					
	C. Meets Minimum Wage Requirement	X						
	(2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)	U	*					
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: \$ 20,108 On Deposit (Form 3.4): \$ 71,608.7							
4.5	Deputy Registrar Contract	. ^						
	A. Filled Out Completely and Properly	(27)	0					
	B. Signed and Properly Notarized							
NOTE: Sco	OPERATIONAL EVALUATION POINTS (Max. 40 Points) re indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contrac	40						
Comment	S							
L								
Evalu	ators' signatures Printed names	Date						
2	DIEN WILLE							
(1)	Michael Farrel	2/23	125					
(2)								
\	The state of the s							

3.0 PERSONAL CHECKLIST

Aldo M. Filippelli, MBA

Proposer's	Full 1	Legal Name	Aluu	IVI. I	
		0			_

Please submit via email in accordance with the RFP instructions.

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

Form 3.0, Personal Checklist (2025)

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:
	18-I
2.	Full legal name of proposer Aldo M. Filippelli, MBA
3.	Proposer's street address
	City State Ohio Zip code 44133
4.	County of residence (nonprofit corporation county of operation) Cuyahoga
	Daytime telephone
6.	Proposer's driver's license number (nonprofit corporation N/A)
7.	Spouse's name (nonprofit corporation N/A)
8.	Spouse's home street address (ponprofit corporation N/A)
	City State Ohio Zip code 44133
9.	Are you proposing as the owner of a minority business enterprise (MBE)? No Ves
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;
Ŋ	The Clerk of Courts of n/a County;
N.	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;
N_	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.

Form 3.1, Personal Questionnaire, Page 1 of 6 (2025)

11. A.	Are you currently serving in elective public off Auditor, either by election or appointment (include:	fice, other sprecinct c	than Clerk of committee person	Courts or Count)? (NPC N/A)	ınty
		-		_ No_	
B.	If YES, in what elective office are you serving? n/a	1			
C.	If YES, date that you plan to leave this office? n/a				
12. A.	Are you currently running for any elective public of (including precinct committee person)? (NPC N/A)		Yes	No_	
B.	If YES, what office? n/a				
13. A.	Are you currently a deputy registrar?		Yes _	No	
В.	If YES, on what date does your contract expire? Jul	ne 28, 2025			
C.	If YES, have you served as a deputy registrar continuince January 1, 1992?	nuously	No _	Yes	
14. A.	Is your spouse currently a deputy registrar? (NPC N	I/A)	Yes	No	_
В.	If YES, on what date does your spouse's contract ex	pire? n/a			
	e following three questions, extended family includer, father-in-law, mother-in-law, brother-in-law, sist				
15. A.	Does any member of your extended family curre	ntly hold a	deputy registr	ar contract? (N	JРС
	N/A)		Yes	No_	
В.	If YES, list their name, relationship to you, whet their contract expires here:	her you sh	are the same ho	ousehold, and o	late
Na	me Relationship	Same	Household	Contract Expi	ires
not	applicable	Yes	No		
not	applicable		No		
not	applicable	Yes	No		
not	applicable	Yes	No	,	
16. A.	To the best of your knowledge, will any member of submit a proposal in response to this RFP? (NPC N		ded family		
			Yes		_

Form 3.1, Personal Questionnaire, Page 2 of 6 (2025)

	B. If YES, list their name, relationship to you, and whether you share	e the same	e househ	old:	
	Name Relationship	120			ehold
	not applicable	,	Yes	No	
	not applicable		Yes		
	not applicable		Yes	No	
	not applicable	,	Yes	_ No	
17.	. A. Is any member of your extended family employed by any subdivi	ision of th	e Ohio I	Depart	ment of
	Public Safety? (NPC N/A)	3 7		Ma	1
		Yes		No_	
	B. If YES, list their name, relationship to you, and the date they became	ame so em	ployed:		
		270			
	Name Relationship		Emplo	yment	Date
	not applicable				
	not applicable				
	not applicable				
	not applicable				
	not applicable				
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	•	'	Yes 1	_
19.	A. Are you an employee of the State of Ohio? (NPC N/A)	Yes			
	B. If "YES," will you resign, if appointed?	No N	<u>IA</u>	Yes N	IA
20.	Are you an insurance company agent, writing automobile insurance?	Yes		No	1
	(NPC N/A)	105		110	
21.	Has Proposer (including NPC and proposed office manager) been cor of a crime punishable by death or imprisonment in excess of on	nvicted wi ne year (f	thin the elony),	past te or any	n years crime
	involving dishonesty or false statement?	Yes		No_	√
22.	As of the date of this certification does Proposer owe any compensation contributions, social security payments, or workers' cothe State of Ohio or any political subdivision thereof, or to the federal	mpensatio	on prem	iums e	ither to
	or locality within the United States?	Yes		No	✓

Form 3.1, Personal Questionnaire, Page 3 of 6 (2025)

23.	Is Proposer willing and able, if appoir policy of business liability property da hold the Department of Public Safety, t and the Registrar of Motor Vehicles had been also as a control of the property of the	mage, he Dire armless	and theft insurance sa ector of Public Safety, s upon claims for dam	tisfactory to the Bureau	the Regist of Motor V	trar and ehicles,
	Revised Code 4503.03(C)? (County Aud	iitor/C	ierk of Courts N/A)	No	Yes_	✓
24.	Is Proposer bondable as outlined in Ohio 4501:1-6-01(B)?	o Admi	inistrative Code	No	Yes_	✓
25.	Please provide the following information provide educational information for the	on rega individ	arding your education. lual who will manage th	If applying ne license ag	s as a NPC ency busine	, please ess.
	High school diploma?			No	_ Yes	\checkmark
	High school name Padua High	Sch	ool			
	City Parma				Zip_441	34
	College name John Carroll U	nive	rsity			
	City University Hts.				Zip 441	18
	Major Accounting					
	College name Baldwin Wallac					
					Zip_440	17
	City Berea Major Accounting/Finance		Degree awarded N	1.B.A	1	
26.	Computer experience. Does Proposer computers? (Incumbent deputy registrations of the nonprofit corporations, this question should be computed to the nonprofit corporation activities.)	have ars ma	any training or expen	rience work rating BMV er systems o	/ computer	s. For used in

If "YES" please explain all computer experience in detail. I have experience with accounting and financial software such as peach tree, turbo tax, paycor and financial analysis programs
with data sets. Also have extensive use with word processing software such as word, excel and
Microsoft office consisting of spreadsheets, power points and messaging relating to Microsoft
outlook, teams, zoom, outlook express, g-mail, and social media.
I also have been trained in the area of artificial intelligence and phython coding relating to data
analysis and predictive modeling. This also includes csco, c++, cloud use and cyberg security.
In addition, I have been trained by the State of Ohio - BMV to use BASS software and all related
hard-ware devices.
27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities. A.
B. 1
C. :
List any special instructions for contacting this person during business hours:
Please call Monday through Friday 10:30am - 8 pm

Form 3.1, Personal Questionnaire, Page 5 of 6 (2025)

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.

Following this page is my submitted professional resume for your review.

Summary:

1990 -	_	present	AMF	MMM	Construction	and	Property	Management
1220 -	_	breseme	TILIT	T 11 11 1	COMP CT CC CT		F ~	-

1994 - 1996 Consultant with Merrill Lynch

1994 - present Media Italia/ Fed. of Italian Society

1997 - present Deputy Registrar-North Royalton License Bureau

Details on the following page

Form 3.1, Personal Questionnaire, Page 6 of 6 (2025)

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.

<u>Form 3.2(A) Business Ownership Experience</u>. 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.

<u>Form 3.2(B) Management and/or Supervisory Experience</u>. 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.

<u>Form 3.2(C) Employee Experience</u>. 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 A	ldo M. Filippelli		Company na	ame N	orth Royalto	on License Bureau
	12771 State Road		Cit	ty Nor	th Royalt	on
State Ohio	Zip	44133	Telephone (440	55	82-1176
	eputy registrar, retail	grocery, etc.)	Deputy Regi	istrar		
	s and/or services_Issu			e Regi	istration a	and Driver's
Licenses- servin	g the needs of Ohi	o's motoring	g public			
BUSINESS OWNE	R - Form of ownershi	p (sole propr	ietor, partner, et	tc.): <u></u> 50	le	
1. Federal Tax I	D Number:					
2. Percentage of	business you owned:	100	_% I	Hours v	vorked wee	ekly 40
3. Dates you op	erated this business: F	rom: month	_7 year _199	97 To:	: month _	year <u>Prese</u> n
	siness profitable?					Yes _
5. Is/was this bu	siness your primary s	ource of inco	me and support	:? N	۰۱۰	Yes _
6. Do/did you d	irectly hire, evaluate,	train, and disc	cipline employe	es? N	No	Yes _
7. Do/did you d	irectly manage employ	yees on a dail	y basis?	N	No	Yes
If you answe	red yes to question nu	mber 6, how	many employee	es do/di	id you man	nage?10
	er developed a compre					Yes ✓
least one person to	rson, not a relative of verify this experience registrar employee, yo	e, you will n	ot receive any	credit 1	for it. (If	you are a deputy

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 Aldo M. Filippelli Company name AMF MMM Construction Company address 3344 Titan Drive City North Royalto State Ohio Zip 44133 Telephone (440) 582 Type of business (deputy registrar, retail grocery, etc.) Construction and Property Management Company's products and/or services Construction, Landscaping, Plowing, and	2-1363 agement
State Ohio Zip 44133 Telephone (440) 582 Type of business (deputy registrar, retail grocery, etc.) Construction and Property Man	agement
Company's products and/or services Construction, Landscaping, Plowing, and	
	Property
BUSINESS OWNER - Form of ownership (sole propri	
1. Federal Tax ID Number:	
2. Percentage of business you owned:	ly10
3. Dates you operated this business: From: month year1990 To: month	year <u>Present</u>
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 manag	ge?8
8. Have you ever developed a comprehensive business plan? No	
•	nnot contact at

Form 3.2(A), Business Ownership Experience, Page 2 of 4 (2025)

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 Aldo M. Filipp	pelli, M	ВА	Company	name Merrill	Lynch		
Company address 50 South Ma				City_Akron			
State Ohio				(330)	497-6653	3	
Type of business (deputy registra	Type of business (deputy registrar, retail grocery, etc.) Business Finance						
Management/supervisory duties	Finan	cial Planning	g, Business	Valuations, E	Estate Plann	ing	
MANAGER OR SUPERVISOR	- Job tit	le: Consulta	nt				
1. Title of position Manage				Hours work	ed weekly?	45	
2. Dates this position was he		n: month1	year199	14 To: month	12 year	1996	
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 que							
5. Have you ever developed a						_	
List at least one person, not a rel least one person to verify this ex registrar or deputy registrar empl	xperienc	e, you will n	ot receive any	credit for it.	(If you are a	ontact at deputy	

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 Aldo M. F	ilippelli		Company name Media	Italia/ Fed. Italian Society
Company address 3344 Tita	an Drive		City North F	Royalton
State Ohio			Telephone (440)	582-1363
Type of business (deputy reg	istrar, retai	l grocery, etc.	Media/ Community Or	ganization
EMPLOYEE - Job title: Pro	ducer/ Aı	nouncer		
Hours worked weekly	5	Job duties	Radio and Community	Events
getting sponsors, Radio	OJ from 1	0am until n	oon on Sundays	
Dates of this employment: Fr	om: mont	h1y	ear 1994 To: month	year Present
Describe how and to what ex	tent you pi	rovided high	quality customer service a	t this position:
As a producer, I make it a	priority to	stay abreas	t of the latest community	events and concerns
in order to provide the be	st inform	ation possib	ole to our radio communi	ity.
List at least one person, not a least one person to verify th registrar or deputy registrar e	is experien	ice, you will	not receive any credit for i	t. (If you are a deputy

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):

Assist elderly customers with the installations of license plates.

Make special effort to assist customers with special needs.

Keep the agency open late if a customer phones and states they are running late.

Treat all customers as I would like to be treated.

Maintain high levels of training.

Provide title and delivery services.

Continue to solicit suggestions as to how to continually improve our services and technology. Continue to embrace new technology and promote change that improves our services. Through my 28 years of dealing with customers, I have learned there is more to customer service than direct contact. All employees actions have some effect on customer service. I understand that quality customer service is a function of many variables. As a Deputy Registrar, I have and will continue to do everything possible to ensure my employees have all the necessary tools, information, new technoloy to promote change that improves our customer services(ex. Q-flow), and training to deliver quick and accurate services to the general public. Creating an environment that promotes teamwork requires committed leadership in which I continue to provide. As a full time working Deputy Registrar, I am able to lead by example and create an environment to treat all customers as I would like to be treated, promote continuous learning, business development and a high level of customer service. All employees work in a workplace that strives on communication that promotes an open, honest, and a positive working environment.

I will provide additional and ongoing training to all employees in every aspect. I will also schedule additional staff to be available on Saturday's and during busy times and provide customer service training. The customer service training will focus on the proper way to interact with customers as well as processing transactions quickly, efficiently, and accurately while maintaining polite, courteous and friendly interaction. This will allow the customer to feel that they are important to us and that we truly appreciate their business and the opportunity to serve them in a safe and welcoming environment for all customers.

Form 3.3, Customer Service Experience (2025)

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

<u>Instructions</u> 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.

<u>County Auditors and Clerks of Court are exempt</u> 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: Aldo M. Filippelli, MBA	
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 "\scrt{"}" in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT	JAN 1 - DEC 31 2022			DEC 31 23		DEC 31 24	2025 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		1		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		1		✓		1		/
Attorney General, Candidate and Committee		1		✓		1		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		1		/
Auditor of State, Candidate and Committee		1		1		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		1		✓		1		/

Form 3.5, Political Contributions Report (2025)

3.6 PERSONNEL POLICY

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

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

No	Yes V	
110	1 05	

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?



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 through your lease or sublease, or by separate contract:	following eith	er on your own,
, and a supplication of the supplication of th	No	Yes
OUTDOOR BUILDING MAINTENANCE		
KEEP OUTDOOR AREA FREE OF TRASH AND DEBRIS		
PROVISION TO ASSURE PROMP SNOW AND ICE REMOVAL		
CLEANING INSIDE OF AGENCY INCLUDING EQUIPMENT		
PROVISION FOR INSIDE/OUTSIDE MAINTENANCE		
PROVISION FOR PROFESSIONAL CARPET/FLOOR CLEANING	G (MIN. OF O	NCE A YEAR)
PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES		I Dixity

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.

nee	ded 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 am a full time working Deputy Registrar actively involved in the daily operation of this agency. For the past 28 years, I fully understand my responsibility and accountability for my employee's performance, state property, inventory, and state funds (never been late). I balance my time between front line customer service, employee supervision, and administrative duties.
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?
	All employees are provided ongoing training to ensure compliance with rules, guidelines and procedures. My supervisory staff and I will be diligent and listen to staff and customer interactions. In addition, we will review vehicle registrations, drivers and id applications to look for abnormalities and it is critical to follow established document review procedures when signing and reviewing all BMV 5745. Also review all BMV reports.
3.	What measures will you put in place to detect, deter, and prevent fraud?
	We use several measures on a regular basis, including the magnifying light, the black light and the ID checking Guide Book All staff members participate in BMV fraudulent training seminar. If any employee as any doubt regarding any documents, a manager will review the document. If a question remain, License Control is contacted and/or investigative review is prepared.
4.	The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?
	I print emails and broadcasts that need to be shared with staff members and distribute to them personally. Each staff member reads and initials them. I collect all signed papers, have a staff training meeting if needed, and retain them in a binder organized by date.

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

Being able to do every job in the agency. Lead by example and instill the importance of being ethical in all business and personal dealings with your employees, customers, and all colleagues. I make myself available for questions and assistance to my staff and customers while always acting in a professional, courteous, and friendly manner. I am involved in all daily activities- including serving our customers on the front line.

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

Maintain a positive attitude, follow through on commitments and treat others with respect. Embrace and drive change. Be addicted to integrity and expect it from those around you. We never want to be an "average" license bureau, so we continuously strive to improve our services. I ensure that the physical business environment is maintained in a professional manner by following my facility maintenance policy and encouraging professional dress and to act professionally per the needs of our customers in a efficient and courteous manner.

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

I have been fortunate with very little turnover. I believe the most efficient way to recruit, develop, and retain high quality employees is to hire yourself. Try to find individuals that match or exceed your drive, goals, and philosophies. I ensure my current staff are compensated fairly, and treated in a professional and respectful manner by creating a pleasant work environment. I occasionally buy the employees lunch and always provide lunch to celebrate birthdays. Create an atmosphere that promotes a team concept and recognizes that every employee is as important as the next.

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

Video surveillance inside and outside the building with cellular backup as well as a well lit, well organized work environment. Procedures for identifying and dealing with potential threats. Also the facility is cleaned daily and all staff are courteous and professional with all customers. Train and encourage employees to be positive!

9. How would you deal with an irate customer?

Irate customers requires special care. Remain calm, polite, respectful, empathetic, and carefully listen to their complaint- allowing them to vent and express their problem in order to identify the issue and find a solution. My goal is to educate the customer and offer solutions to help remedy their problem by explaining the steps we will take to fix it. I will also try to explain the reason why something was done to help the customer understand.

The customer is not always right, but the are always a customer.

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

As a Deputy Registrar, I have always took pride in making sure all employees understand and have empathy for our customers. Each employee must be professional, maintain good eye contact, use positive statements by avoiding negative words, be mindful of your tone of voice and body language. They should listen to fully understand the source of the complaint and work together with the customer. The objective is to have the customer leave the agency with a positive attitude/experience towards the BMV and us when they return. However, if the customer remains irate- the employee should contact local law enforcement if necessary.

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

As a Deputy Registrar for 28 years, I will continue to make a strong effort to serve Ohio's citizens while following the ORC, OAC, BMV policies and procedures, and the Deputy Registrar Contract. I will continue to work hard on becoming the best Deputy Registrar as I can by continuing to educate myself, attending meetings and building relationships within the BMV and with other agencies. I will operate with the understanding that I am fully responsible for my staff and their actions and will continue to meet and exceed the expectations of the BMV by maintaining a professional, efficient, friendly and clean place of business while striving to provide excellent customer service.

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

I understand the importance of being a positive representative of the State of Ohio and the BMV. I have been a Deputy Registrar for 28 years and through hard work and continuing to educate myself have allowed me to develop a customer base that know that I am fair and honest, appreciate my dedication to service and involvement in my community. I am fully aware and able to make the commitment necessary to lead a successful and high functioning agency with a history of high evaluation scores and positive customer comments.

I truly enjoy and passionate on being a Deputy Registrar with the focus of providing excellent customer service while having a professional and friendly atmosphere. I would be honored and most qualified at this location to represent the BMV as a Deputy Registrar. I am proud to have an agency that represents the values of the BMV and to serve the great people of the State of Ohio.

Our 97% customer approval rating from Bass Comment Cards Total Average from 2019 through 2024.

3.10(A) AFFIDAVIT OF INDIVIDUAL (Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of Cuyahoga :				
State of Ohio : I, Aldo M. Filippelli, MBA , being first duly sworn, depose and say that:				
 I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons; 				
 If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons; 				
If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;				
If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;				
5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,				
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: Aldo M. Filippelli, MBA				
Sworn to and subscribed in my presence by the above named Aldo M. Filippell.				
on this day of January, 2025				
Lunda Harris				
Notary Public				
Printed name of Notary Public: AINDA HARRIS Notary Public				
My commission expires: 10 - 28 - 78 State of Ohio My Comm. Expires October 28, 2028				

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

SECTION 4

(2025)

OPERATIONAL FORMS

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name	Aldo M. Filippelli, MBA
Location Number	
Proposer Number (BMV use o	only)

<u>INSTRUCTIONS</u>: 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	V .	
4.2	Experienced Employees Summary	~	
4.3	Staffing and Personnel Costs Calculation	~	
4.4	Start-Up Costs Calculation Amount: 20,108.00 \$	~	
4.5	Deputy Registrar Contract (2 pages only)	~	

Form 4.0, Operational Checklist (2025)

4.1 APPOINTMENT OF AGENCY MANAGERS

Prop	Aldo M. Filippelli poser's name:	Location number: 18-1
(A)	DEPUTY REGISTRAR: As deputy registrar, I agree to wo hours per week during the hours the agency is open to the entire term of the contract. I understand that the minimum is twenty (20) hours per week during the hours the agency twenty-hour requirement does not apply to County Aud nonprofit corps., or deputy registrars operating multiple loc	requirement for deputy registration is open for business. This dittors/Clerks of Courts,
(B)	OFFICE MANAGER: I understand and agree that I must another reliable person to serve as the office manager for manager must be scheduled to work at the agency at least during the hours the agency is open to the public for busined. Appoint myself as the office manager and work a during the hours the agency is open to the public for a six hours per week during the hours the agency is open.	the agency, and that the office t thirty-six (36) hours per week ess. It is my intention to: at least thirty-six hours per we business.
(C)	ASSISTANT OFFICE MANAGER: I understand and agreement to be responsible for the management of the agency agency office manager during the hours the agency is open	in the absence of myself and t
(D)	OTHER EMPLOYEES: I agree to maintain an accurate manager, assistant office manager, and all other employees as my own work schedule, on file and available for insp times. I also agree to notify the BMV in writing improprintment of the office manager or assistant office manager complete and current	and their work schedules, as we ection by BMV employees at mediately of any changes in t
		1/4/2025 Date:
Dep	out registrar (proposer) signature	

Form 4.1, Appointment of Agency Managers (2025)

4.2 EXPERIENCED EMPLOYEES SUMMARY

Propo	ser's na	Aldo M. Filippelli me:	Location number:	18-I
1 ((registra effort to deputy	G EXPERIENCED EMPLOYEES. I certify that runder contract with the Registrar of Motor Vehicle hire and retain qualified employees who have registrar agency. I agree to make bona fide offers and under comparable conditions to their most receive.	es, I will make every levant experience w of employment at	y good faith orking in a comparable
(B) <u>C</u>	CHECK	WHICHEVER APPLIES:		
_		I HAVE NOT BEEN A DEPUTY REGISTRAL EMPLOYEE. I have not yet identified any prorelevant deputy registrar experience. However, if a every reasonable effort to identify and hire, if posshave relevant experience working in a deputy recontact any deputy registrar employees until afcontract.	spective employees awarded a contract, l sible, qualified empl egistrar agency. Ple	who have I will make loyees who
-	<u> </u>	I AM OR HAVE BEEN A DEPUTY REGISTRA EMPLOYEE. I have identified the following person fide offer of employment at comparable wages and to their present employment. (A deputy registrar registrar employment experience may list himself of the comparable wages are comparable wages and their present employment experience may list himself of the comparable wages.)	ns to whom I will m d under comparable or a proposer who	ake a bona conditions
(C) I	unders	and that failure to hire properly qualified and	experienced deputy	registrar
en	nployee	es is grounds to withhold or terminate my deputy reg	distrar contract.	
Deput	registra	Date (proposer) signature	e:	
X		L. of soar) orginature		-

Form 4.2, Experienced Employees Summary (2025)

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Aldo M. Filippelli	Location number:	18-1	
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<u>Instructions</u>. 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 Unites States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$394,000 per year and \$10.70 per hour by businesses with gross receipts of \$394,000 or more per year.

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

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

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	38.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)				
Assistant Office Manager	36.00	\$ 17.00	\$ 612.00	\$ 2,448.00
Experienced Employees Total Number (combine Full-time & Part-time) = 6	140.00	\$ 16.00	\$ 2,240.00	\$ 8,960.00
New Hire Employees Total Number (combine Full-time & Part-time) =2	60.00	\$ 15.00	\$ 900.00	\$ 3,600.00
TOTALS	274.00	N/A	\$ 3,752.00	\$ 15,008.00

Form 4.3, Staffing and Personnel Calculation (2025)

4.4 START-UP COSTS CALCULATION

Propo	ser's n	ame:	Aldo M. Filippelli, MBA		Location nu	18-I mber:	
costs of beginning			is form is to assure the BMV that you are financially able to cover the g a deputy registrar business. We need to know that you have enough s to cover your personnel, site preparation, and site rental costs.				
1.	PERSONNEL COSTS (FOUR WEEKS)						
	Use	Form	4.3 to calculate four (4) w	eeks' personn		nis location. 15,008.00	
2.	SIT	E PR	REPARATION COST	ΓS (AMOR	TIZED)		
	A.	costs	is is a Deputy Provided you will need to spend trar agency in each of the	to prepare the	ne building f		
		1.	Building Modifications	\$			
		2.	Counter Costs	\$			
		3.	Other Costs	\$			
		4.	Total	\$)		
			l amortized over 60 mont. ide line 4 by 60)	h contract per	iod = \$	0.00	
	В.	Agen	is is a BMV Controlled bey Specifications for this the Agency Specificatio	location. D			
3.	AG	ENC	Y RENTAL PAYME	ENTS (3 MC	ONTHS)		
	A.		is is a Deputy Provided or lease this site.	Site, enter the	e actual amoi	ant you will pay to	
	B If this is a BMV Controlled Site, enter the estimated rent listed in Agency Specifications for this site. Do not change the amount listed.						
		One	month's rent: \$\frac{1}{2}	700.00 x	3 = \$ =	5,100.00	
TOT	[four	week prepar	s' personnel costs, plus or ration costs (2.A total ar Site amount), plus three r	mount or 2.E	RMV	20,108.00	

STATE OF OHIO

DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

DEPUTY REGISTRAR CONTRACT – 2025

This Agreement	t is made	by and betw	een the R	egistrar of M	Iotor Vehicles, (Registrar,
herein), located Aldo M. Filippelli		0 West Broa	ad Street,		Ohio 43223-1102 and y registrar, herein) whose
home mailing active (City)	ldress i		, Ohio (Zi	p) 44133	, to operate a deputy
registrar agency State of Ohio, C		No. 18-l Cuyahoga			located as follows: in the
City/Village/Tov Street address:	vnship (in		City	of	North Royalton
(City) North Ro			, Ohio	(Zip) 44133	;

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

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

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

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

Form 4.5, Deputy Registrar Contract (2025)

4. The deputy registrar is appointed and accepts "an individual," "County Auditor for (spec county)," or "a nonprofit corporation"]:	appointment in the capacity of [state whether: ify county)," "Clerk of Courts for (specify
an individual	
5. The Deputy Registrar certifies that he or sho to all of the 2025 Deputy Registrar Contract	e has read, understands, and hereby agrees Terms and Conditions incorporated herein.
/ //NU/	1/4/2025
Deputy Registrar signature	Date
STATE OF OHIO :	
COUNTY OF Cuyahoga :	
Before me, a notary public in and for said county a named Aldo M. Filippelli sign the foregoing instrument and that the same is	_, who acknowledged that he or she did
IN WITNESS WHEREOF I have hereunto set my of	hand and official seal, this 4th day
NOTARY PUBLIC	
Printed name of Notary Public: KINDA HAR	RR15
My commission Expires: 10-38-28	
STATE OF OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES	
BY: REGISTRAR OF MOTOR VEHICLES	LINDA HARRIS Notary Public State of Ohio
Done at Columbus, Ohio, on	My Comm. Expires October 28, 2028

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

SECTION 5

(2025)

DEPUTY PROVIDED SITES

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Aldo M. Filippelli, MBA
Location Number 18-1
Proposed Site Address 12771 State Road, North Royalton, Ohio 44133
Proposed Site Address
Proposal Number (BMV use only)

<u>INSTRUCTIONS:</u> 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.

<u>ATTENTION:</u> 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	1	BMV
5.0	Deputy Provided Site Checklist (this form)	V	
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	V	
	- signed and notarized	V	
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)	+3	
	 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		

Form 5.0, Deputy Provided Site Checklist (2025)

5.1 SITE QUESTIONNAIRE

1.	Loc	eation Number for which you are proposing (from Agency Spec	cification	ns):	N. Royalton		
	Stre	eet address of site 12771 State Road					
			, Ohio,	Zip Code	44133		
2.	Is tl	ne site you are proposing currently in operation as a deputy regi	istrar ag	ency?			
			No		Yes		
3.		you intend to perform construction or remodeling to prepare the	his site	for operation	on under a new		
	dep	uty registrar contract?	No	V	Yes		
4.		you applying for a contract at an existing license agency site t	hat				
	was	approved under a previous contract?	No .		Yes		
5.	A.	If you answered "No" to question number 4, skip to question information required for this form (5.1) and the remainder of 5					
	В.	(interior and/or exterior to include parking areas, path of travel, and accessibility to individuals					
		with disabilities, and signage)?	No	V	Yes		
6.	A.	If you answered "No" to question number 5, please print and for compliance with Section Five (5) requirements for this RI remainder of your required proposal documents.	l submit FP and i	this along nclude it w	with form 5.3 with the		
	В.	If you answered "Yes" to question number 5, list the site chan specific with the description(s) of any changes that have been supporting documentation and attachments if needed, then sto along with any other documentation and attachments for comprequirements for this RFP and include it with all other required	made. I p here. I pliance v	nclude add Print and si with Sectio	litional ubmit this page on 5		

5.3 LEASE OPTION Diarra Zanin

I (we)(owners' complete na	mes) Pierre Zanin	
of (owners' complete addre	ess)	
——————————————————————————————————————	, State Ohio	, Zip 44133
HEREBY GRANT, upon o	due consideration, receipt of which is her	eby acknowledged, this OPTION
Cuyahoga City	of North Royalton	ne State of Ohio, County of city, village or township) and commonly known as:
(property's address) 127	771 State Road	
Suite	City North Royalton	, Ohio, Zip 44133
to (proposer's name) Ald	o M. Filippelli	
of (proposer's address)		44422
City North Royalto	on	, Ohio, Zip 44133
for the operation of a de	eputy registrar agency under contract v	with the Ohio Bureau of Motor
Vehicles, and for no other	purpose.	
THE TERM OF THE LEA	ASE, if executed, shall begin no later that	an the $\underline{29^{th}}$ day of $\underline{\text{June}}$, $20\underline{25}$ and

- 2. shall not terminate before the 29th of June, 2030.
- 3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31st day of May, 2025.

4. THE PARTIES AGREE AS FOLLOWS:

1.

- 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 gran lease, or rental agreement to any other person during the term of this lease option paragraph 3, above.	t an option, specified in
D. The lease under this option shall be on any terms as owners and options contemporaneously with the granting of this option, provided that no such terms inconsistent with this lease option. Said terms, if any, are incorporated herein.	e agree to m shall be
Owner(s)' signature(s):	56
Owner(s)' printed name(s): Picrize Zanin	
STATE OF Ohio	
COUNTY OF Cuyahoga :	
The foregoing instrument was acknowledged before me on this	day of
Londa Harris	
Notary Public Printed name of Notary Public: LINDA HARRIS	
Printed name of Notary Public:	
I hereby accept this option. LINDA HARRIS Notary Public State of Ohio My Comm. Expires October 28, 2028	
1/4/2025 //M/C	
Date Øptionee signature, Deputy Registrar Proposer	

Form 5.3, Lease Option, Page 2 of 2 (2025)