PAYROLL COMPARISON - 2025

Proposer Name: Cynthia Rhodes

Evaluator Printed Name: Miles Grillot

		Location Number(s)										
	Loc. 1	Loc. 2	Loc. 3	Loc. 4	<u>Loc. 5</u>	Loc. 6						
	67-A	16-0										
Highest Rate	01 C314	3125/1		***************************************								
Lowest Rate	はほん	115/1			despectation of the se							
Number of Hours Recommended	201	201										
Number of Hours Proposed	220	710	MANUFACTOR CONTRACTOR									
Total Monthly Wages	#13872	\$ 3,272										

Comments:			

PERSONAL EVALUATION (2025)

Cynthia Rhodes 67-A / 25088 Portage County, Ravenna 444 S Meridian St., Suite 3

Evaluation Team Number:	
Location(s) Proposed: (#1) 67-A 76-D	
Proposed as 2 nd Location	
Verify Proposer's Full Name: (#2)	Rnolos
Proposer's County of Residence (NPC Operation): (#4)	
Verify Proposer's Driver's License Number: (#6	
Proposing as Minority: (#9) Yes No	
Proposing as: (#10) Individual Clerk of Courts Co	. Auditor Nonprofit Corp
SCORING SUMMAR	value de la companya
SCORING SUMMAR	
FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):
PERSONAL EVALUATION, Page 2	(Max. 55 Points):
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):
PERSONAL EVALUATION, Page 5	(Max. 28 Points): 2
PERSONAL EVALUATION, Page 6	(Max. 17 Points):
PERSONAL EVALUATION, Page 7 PERSONAL EVALUATION, Page 8	(Max. 27 Points):
PEROCHAL EVALUATION, Page 0	(Max. 15 Points):
TOTAL POINTS	(Max. 258 Points):
	(Max. 200 Formor)
Comments:	
Evaluators' Signatures Evaluators' P	rinted Names <u>Date</u>
(1) Miles J. Truke Mies J	[· [Villist 03.03.25
(2)	

	PERSONAL EVALUATION	ок	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)	6	*
8.	Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	(3)	*
9.	Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	3	*
10.	Proposer can meet bond requirements? (#24 and acceptable proof)	9	*
11.	Acceptable educational information OR nonprofit corporation? (#25)	G	0
12.	Proposer has computer training or experience? (#26)	6	0
NO.	PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points). TE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract continuous contract contract continuous contract continuous contract contr		_
Com	nments:		- - - -
-			-

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: at telephone ()
Company: Ellet Liconse services, trc.
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):
Verified Hours = Factor x Years 77 x Points = 356
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
2			-		

ITEM AGENCY/COMPANY	Н	ours		FACTO	R X	YEARS X	POINTS	=	SCORE	VERIFIED
A. Ellet Licose services	#	NA	=	1.0	X	27 x	50	=	1175	
B.	#	NA	=	1.0	X	X	50	=		
C.	#	NA	=	1.0	Х	Х	50	=		
		S	ubt	otal of	13	-A. 13-B	& 13-C			

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM AG	ENCY/COMPANY	HOURS	= FACTOR	X YEARS	х РС	DINTS		SCORE	VERIFIED
Α.		#	=	X	Χ	34	=		
B.		#	=	X	Χ	34	==		
C.		#	=	X	X	34	=		
		Sı	ubtotal of	14-A, 14-	B &	14-C	=		

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

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	RS X F	POINTS	5 =	SCORE	VERIFIED
Α.	#	=	Х	Х	25	=		
В.	#	=	Х	Х	25	=		
C.	#	=	Х	X	25	=		
		Subtota	l of 15-A,	15-B &	15-C	= 1	PLANES NO	

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



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

ITEM AGENCY	HOU	RS = FAC	CTOR X YEA	RS X F	POINTS	5 =	SCORE	VERIFIED
Α.	#	=	X	X	23	=		
B.	#	=	Х	X	23	=		
C.	#	=	X	Х	23	=		
D.	#	=	X	X	23	=		
	Subt	otal of 16	6-A, 16-B,	16-C 8	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	Χ	20	=		
B.	#	=	X	Х	20	=		
C.	#	=	X	Х	20	=		
D.	#	=	X	Χ	20	=		
() 医克里克斯氏管 () 医克里克斯	Subtotal of Li	nes 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.)] =



415	9.	PERSONAL EVALUATION	ок	NO
18.	For	m 3.3 – Customer Service Experience		
	reg	proposer provide acceptable list of ideas to improve customer service at a deputy istrar agency or provide an example of something done as part of a job or business mprove services for customers?	(2)	0
19.	Forr	n 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Cou	rts)	
	A. A	Are funds in acceptable financial institution and verified with bank/teller stamp?	ड	*
	B. <i>A</i>	Are funds in proposer's or proposer's business name or joint with spouse?	5	*
20.	Forr	n 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
		proposer mark "NO" for every category, every year? Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	(5)	*
21.	For	m 3.6 – Personnel Policy Summary		
21.		es proposer agree to provide/maintain a written personnel policy covering the follow	/ina:	
	A.	Hiring employees with deputy registrar agency experience?	l ing.	
	B.	Equal Employment Opportunity?		
	C.	Employee training by the deputy registrar?		
	D.	Participation in BMV provided training?		
	Ē.	Evaluation of employee performance?		
	F.	Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?	<i>(</i> -	
	G.	Progressive disciplinary steps?	(11)	0
	H.	Dress code with list of acceptable attire?		
	Ī,	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)?		

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

Comments:				

iii	PERSONAL EVALUATION	ОК	NO			
Fo	rm 3.7 – Security Plan Summary - Did proposer agree to provide:					
<u>A.</u>	An electronic alarm system? (Mandatory)					
В.	Alarm system monitored 24 hours, off-site? (Mandatory)					
C.	Alarm system reports off-site if wires cut or tampered with? (Mandatory)					
<u>D.</u>	Adequate alarm monitored panic/hold-up buttons? (Mandatory)					
_	Motion detectors connected to alarm system? (Mandatory)					
<u>F.</u>	Alarm monitored contacts on all exterior doors? (Mandatory)					
<u>G</u> .	Alarm monitored contacts on all exterior windows? (Mandatory)					
Н.	Video recording camera surveillance system? (Mandatory)					
Ī.	Safe or secured locking cabinet? (Mandatory)	1				
J.	Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)	13	*			
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	Øk	NO			
For	m 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:					
Α.	Indoor/Outdoor maintenance and cleaning?	0	0			
B.	Prompt snow and ice removal?		0			
C.	Carpet and/or floor cleaning (if appropriate)?	Ø	0			
D.	Repainting?	7)	0			
PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.						
men	ts:		_			
	A. B. C. D. E. F. G. H. I. J. K. L. M. B. C. D.	Form 3.7 – Security Plan Summary - Did proposer agree to provide: A. An electronic alarm system? (Mandatory) 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) J. 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 Form 3.8 – Facility Maintenance Plan Summary – Did proposer agree to provide: A. Indoor/Outdoor maintenance and cleaning? B. Prompt snow and ice removal? C. Carpet and/or floor cleaning (if appropriate)? D. Repainting?	Form 3.7 – Security Plan Summary - Did proposer agree to provide: A. An electronic alarm system? (Mandatory) 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) 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 Scorm 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide: A. Indoor/Outdoor maintenance and cleaning? B. Prompt snow and ice removal? C. Carpet and/or floor cleaning (if appropriate)? D. Repainting? PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) E: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.			

	Œ.	PERSONAL EVALUATION	ок	NO				
24.	Form 3.9 – Involved and Invested in Your Business How do you plan to manage, he responsible, and he accountable for this 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?	0	0				
	3.	What measures will you put in place to detect, deter, and prevent fraud?	(9)	0				
	4.	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?						
	5.	How will you demonstrate good leadership to your employees?	0	0				
	6. How will you maintain a high level of professionalism each day in this business?							
	7.	7. How do you intend to recruit and retain high quality employees?						
	8.	How will you provide a safe, clean, and friendly place to do business?	0	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?	Ó	0				
	11.	How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	Ø	0				
	12.	Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	0	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)	*				
		Is it the affidavit duly signed and notarized?	0	*				
26.	Lo	cal Law Enforcement Report / Articles of Incorporation (AOI)						
	Α.	No disqualifying convictions for individual / AOI for nonprofit corporation?	3	*				
	В.	No convictions (except minor traffic) / AOI for nonprofit corporation?	Q	0				
27.		CI / FBI Criminal Background (WebCheck) Report / 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	1							
	A. Credit report submitted contains credit score?	(2)	0						
	B. No tax liens (state or federal)? C. No judgments for the past 36 months?*								
	D. *No bankruptcy filed or trusteeship imposed for the past 36 months?								
	E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?								
	F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	6	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)									
NOTE	PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points) — E: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.	ngency	Section 1						
Comr	ments:								
			_						

OPERATIONAL EVALUATION (2025)

Cynthia Rhodes 76-D / 25087 Stark County, Canton 3029 Cleveland Ave SW

FORM	DESCRIPTION	OK	NO							
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	X								
4.1	Appointment of Agency Managers	2.0								
	 A. Deputy to Work at Least Twenty (20) Hours Per Week 	6								
	Proposed Work Hours Per Week	(5)	*							
	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	(2)								
A. Hours Recommended: 201 Proposed: 210										
	B. Work Hours and Pay Calculated Correctly	2	0							
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)									
4.4	Start-Up Costs Calculation									
	A. Adequate and Accurate Personnel Costs	(3	0							
	B. Adequate and Accurate Site Preparation Costs									
	C. Adequate and Accurate Rental Payments									
	D. Total Required: \$16,322 On Deposit (Form 3.4): \$70,000	5	*							
4.5	Deputy Registrar Contract									
	A. Filled Out Completely and Properly	13	0							
	B. Signed and Properly Notarized	3	0							
NOTE: Scor	OPERATIONAL EVALUATION POINTS (Max. 40 Points) e indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract	Continger	ncy.							
Comments	Si									
-										
Evalu	atous! along the same and the s									
(1) Evalu	Ales J. Grilliot Miles J. Grilliot	Date	25							
(2)										

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Cynthia Lynn Rhodes

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	1	вму	COUNTY AUDITOR OR CLERK OF COURTS	1	BMV	NONPROFIT CORPORATION	1	BMV
Form 3.0 Personal Checklist (this form)	1		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	1		Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	1		Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience		
Form 3.4 Start-Up Cost Funds on Deposit	1		N/A	х	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	1		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	1		Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	1		Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		.7
Form 3.8 Facility Maintenance Plan Agreement	1		Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	1		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	1		Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2025 Credit Report	1		N/A	Х	1	2025 Certificate of Good Standing		
2025 Local Law Enforcement Report	√		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	✓		Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond		
INDIVIDUAL			COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

3.1 PERSONAL QUESTIONNAIRE

1.	List all location numbers for which the applicant intends to submit a proposal (limit six locations). Check the box underneath if proposing the location as a second site in addition to a current agency:
	76-D 67-A
2.	Full legal name of proposer Cynthia Lynn Rhodes
	Proposer's street addres
	Cit State OH Zip code 44632
4.	County of residence (nonprofit corporation county of operation) Stark
	Daytime telephone
6.	Proposer's driver's
7.	Spouse's name (nonprofit corporation N/A) N/A
8.	Spouse's home street address (nonprofit corporation N/A) N/A
	City State Zip code
9.	Are you proposing as the owner of a minority business enterprise (MBE)? No 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.

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

11. A.	Are you currently serving in elective public office Auditor, either by election or appointment (includes p	e, other the	an Clerk of Co mittee person)?	urts or (NPC N	County /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)	ce.	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? 06/24	/2028			
C.	If YES, have you served as a deputy registrar continuous since January 1, 1992?	ously	No <u>√</u>	Yes	
14. A.	Is your spouse currently a deputy registrar? (NPC N/A	()	Yes	No_	✓
В.	If YES, on what date does your spouse's contract expi	re? N/A	W		
For the	e following three questions, extended family include ter, father-in-law, mother-in-law, brother-in-law, sister-	s your spor	use, parent, brot -in-law, or daugh	her, siste hter-in-la	er, son, aw:
15. A.	Does any member of your extended family currently N/A)	y hold a d	eputy registrar	contract?	(NPC
	11/11/		Yes	No	\checkmark
В.	If YES, list their name, relationship to you, whether their contract expires here:	you share	the same house	ehold, ar	nd date
Na	nme Relationship	Same H	ousehold Co	ntract E	xpires
		Yes	No		
		Yes	No		
-		Yes	No		
-		Yes	No		
16. A.	To the best of your knowledge, will any member of you submit a proposal in response to this RFP? (NPC N/A)		d family		
			Yes	No	✓

В	s. If YES, list their name, relationship to you, and whether you share	the same hous	ehold:
	Name Relationship	Sam	e Household
_		Yes _	No
-		Yes _	No
2.00		Yes _	No
_		Yes _	No
17. A	Is any member of your extended family employed by any subdivis Public Safety? (NPC N/A)		-
		Yes	No
В	. If YES, list their name, relationship to you, and the date they becar	me so employe	d:
	Name Relationship	Emp	loyment Date
-			
18. A	. Have you completed the Political Contributions Report, Form 3.5?		200-
	(NPC must submit one for NPC itself and one for its C.E.O.)	No	Yes
В	. 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)	Ves	No
В	. If "YES," will you resign, if appointed?	No	Yes
20. A	re you an insurance company agent, writing automobile insurance?		
	NPC N/A)	Yes	No
21. H	as Proposer (including NPC and proposed office manager) been conv	victed within th	e past ten vears
O	f a crime punishable by death or imprisonment in excess of one		1
in	volving dishonesty or false statement?	Voc	No
		res	No
	s of the date of this certification does Proposer owe any or		
CC	ompensation contributions, social security payments, or workers' con	npensation pre	miums either to
	e State of Ohio or any political subdivision thereof, or to the federal clocality within the United States?	government, or	any other state
٠,	The state of the s	X7	N. /

23	3. 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)						
	Revised Code 4503.03(C)? (County Auditor/Cl	erk of Courts N/A)	No	Yes_	✓		
24	Is Proposer bondable as outlined in Ohio Admir 4501:1-6-01(B)?	nistrative Code	No	Yes_	✓_		
25	Please provide the following information regarder provide educational information for the individual	rding your education. ual who will manage th	If applying as e license agenc	a NPC y busine	, please		
	High school diploma?		No	Yes_	✓		
	High school name Louisville Sr High	n School		=			
	City Louisville State	ОН	Zip	446	341		
	College name Walsh University						
	City North Canton State	ОН	Zip	447	20		
	Major Accounting & Managment	Degree awarded B	A				
	College name			- Maria - 10			
	City State		Zip				
	Major	Degree awarded					
26.	Computer experience. Does Proposer have computers? (Incumbent deputy registrars may nonprofit corporations, this question should be the nonprofit corporation's activities.)	y take credit for oper	rating BMV co	mputer ated or	s. For used in		

If "YES" please explain all computer experience in detail. BASS - I have been involved in making recommendations and suggestions for BASS software and updates since the navigation from the DOS-based software to the current (including the new re-write currently underway). I am well versed in the capabilities of the program allowing me to utilize the program daily, train new employees, and make recommendations for improvements. Quick Books Pro - I have used QB Pro since my first contract awarded in July 1998. I take responsibility to process all of my accounts (receivables, payables, etc), payroll (payroll, tax withholding, W2, etc), and taxes (quarterly and end of year tax preparations, payments, and filings). Microsoft Office - I used Word and Excel on a daily basis to run my business. All of my deputy deposits are calculated on an Excel spread sheet to ensure proper deputy deposits are reconciled with money on hand for the business day. I am proficient with Word, Access, and Power Point as well. Outlook/AOL/GMAIL - I use multiple email platforms on a daily basis to communicate with BMV departments, including consignments, field staff, revenue management, etc. I also use AOL/GMAIL for customers and personal use. EFTPS/OBG - I prepare and report all taxes including city, state, and federal withholdings and payments. Visual Basic (GUI) - In my past job experience, I was responsible for laying out screen designs, testing the finished software products, and writing help manuals. I was also the liaison between the end user and the software developers throughout the design process.

27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.



List any special instructions for contacting this person during business hours:

28. Employment, management, supervisory, and business experience. Each Proposer's experience is one of the most important factors to be considered in the award of deputy registrar contracts. For the purposes of this RFP, experience gained prior to the year 1990 will not be evaluated or considered. Please provide a professional resume, in chronological order (no earlier than 1990), the positions you have held. If the position you held in 1990 was one you started before 1990, you may list that position and the date you actually started on your submitted resume. If you did not hold any position in 1990, please begin with the first position you held after 1990. If applying as a NPC, please provide a description of the fundraising, program, and charitable functions of the nonprofit corporation.

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE 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.

<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.

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 Cynthia Lynn Rhodes	Company name Ellet License Services Inc dba Stow License Bureau
Company address 3035 Graham Rd	City Stow
State OH Zip 44224	Telephone (330)677-6788
Type of business (deputy registrar, retail grocery, etc.) Agency 7721 Ellet: 07/1998 - 06/2020 & Age	
Company's products and/or services BMV License S	Services
BUSINESS OWNER - Form of ownership (sole prop	rietor, partner, etc.): S-Corp
1. Federal Tax ID Number:	
2. Percentage of business you owned:100	
3. Dates you operated this business: From: month	07 year 1998 To: month Present year
4. Is/was this business profitable?	No Yes _ ✓
5. Is/was this business your primary source of inco	ome and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and dis	scipline employees? No Yes ✓
7. Do/did you directly manage employees on a dai	ily basis? No Yes✓
If you answered yes to question number 6, how	many employees do/did you manage? 14
8. Have you ever developed a comprehensive busing	
List at least one person, not a relative of yours, who least one person to verify this experience, you will registrar or deputy registrar employee, you may list B	not receive any credit for it. (If you are a deputy
	-

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 Cynthia Lynn Rhodes			Company na	ame Top	Echelon (fka	NIS)	
Company address 4883 Dress	er Rd		Canton				
State_OH	Zip	44718	Telephone (330) _	455-143	3	
Type of business (deputy registra	r, retail	grocery, etc.)	Recruiting In	dustry Co	omputer Softv	vare	
Management/supervisory duties programming team and end							
MANAGER OR SUPERVISOR	- Job titl	le: Sales Mgr/G	UI Software Dev	elopment/D	eveloper-End Us	er Liason	
1. Title of position Sales/C							
2. Dates this position was he	ld: From	: month07	year 1994	_To: mont	h _05 _year	1998	
3. Do/did you directly hire, e	valuate,	train, and disc	ipline employe	es? No _	Yes	✓	
4. Do/did you directly manag	e/superv	vise employees	on a daily bas	is? No _	Yes		
If you answered yes to que	estion nu	mber 4, how r	nany employee	s do/did yo	ou manage?	4	
5. Have you ever developed a	ı compre	ehensive busin	ess plan?	No _	Yes		
List at least one person, not a rel least one person to verify this ex registrar or deputy registrar empl	xperienc	e, you will no	t receive any	credit for i	t. (If you are		
				()		

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):

The most important asset for most people is time. I have developed a stream-lined process which allows our agency to routinely process our customers in 10 minutes, often times much less, by using a triage approach resulting in reduced wait times and increased efficiency. We use a greeter, during peak inflows of customers, to ensure that all customers are greeted in a professional and friendly manner. Our greeter is able to ensure customers have the necessary documents to complete their transaction, diffuse any conflicts by explaining the requirements before any wait time is incurred, and direct customers to the appropriate stations to be processed. This allows team members to process the transactions much more quickly by eliminating the need to spend time explaining processes repeatedly, waiting for customers to ask questions, and waiting for customers to present their documents.

By working a terminal, I am able to offer training by referring to specific experiences with customers. My managers and I plug ourselves in wherever we are needed to free up the clerks by taking photos, getting applications from the printer to the clerk, answering the phones, and taking involved customers away from the counter. I believe this shows that we are all a team, and we all, including myself, play many roles in the success of the team as equals.

Organizational and operational skills are my thing! An organized work space is imperative for success. Having a well-thought out process reduces customer wait times, team member anxiety, and emotional distress. My most important asset is my team members! I believe that my low employee turn-over rate and employee longevity benefits our customers with knowledgeable team members that are trained to answer questions thoroughly by thinking through the entire customer process when giving answers. I invest a large amount of time in training new employees, which prevents overload and fatigue, resulting in greater new-hire retention rates. I offer profit sharing, bonuses, sick time, vacation time, holiday pay, team achievement incentives, birthday treats, company meals, and a massage chair!

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: Cynthia Lynn Rhodes	
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 "\sqrt{"}" in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT		DEC 31 22		DEC 31 023		DEC 31 24	202 To D	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		1		1		1		1
Republican Party including PACs and Associations		1		1		1		1
Any other Party including PACs and Associations		1		1		1		1
Governor, Candidate and Committee		1		1		1		1
Attorney General, Candidate and Committee		1		1		1		1
Secretary of State, Candidate and Committee		1		1		1		1
Treasurer of State, Candidate and Committee		1		1		1		1
Auditor of State, Candidate and Committee		1		1		1		1
State Senator, Candidate and Committee		1		1		1		1
State Representative, Candidate and Committee		1		1		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?

N.T.	**	V	
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?



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:

OUTDO	OR BUILDING MAINTENANCE
KEEP OU	UTDOOR AREA FREE OF TRASH AND DEBRIS
PROVISI	ION TO ASSURE PROMP SNOW AND ICE REMOVAL
CLEANI	NG INSIDE OF AGENCY INCLUDING EQUIPMENT
PROVISI	ON FOR INSIDE/OUTSIDE MAINTENANCE
PROVISI	ON FOR PROFESSIONAL CARPET/FLOOR CLEANING (MIN. OF ONCE A YEAR
PROVISI	ION 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 am a working deputy, and I am invested in my agency. I have proven that I am capable of having two license bureau agencies, as I was the first person awarded multiple agencies in 2016. Working a terminal, prepping incoming customers, managing fleetwork, employee scheduling, processing payroll, and completing accounting functions are all ways that I am actively involved in the daily operations of my business. I have trained my managers to follow in my footsteps as well. We perform random spot checks on completed work and review all end-of-day reports. I have the ability to view the office via my security cameras when I am not physically in the office. In addition, I have an excellent management team in place as well to assist in my absence.

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

Working a terminal and prepping customers allows me to hear and see my employees in action. I have a manager, assistant manager, and two supervisors that have been trained well. I do my own observations and evaluations randomly to ensure procedures are being followed. We check all applications daily by two team members to ensure the accuracy of the work being completed. My management team and I verify documents against the BMV5745 before the customer is processed and against the interim document to ensure they clerk did not make clerical errors. I am able to watch my video cameras from an app on my phone to ensure procedures are being met when I am away.

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

I believe that actively working in the agency is a large part of deterring employee fraud. Even when I am not scheduled, I make unannounced visits. I have access to see the office via an app through my security system. My managers and I randomly check applications for errors and necessary attachments on a regular basis. Random observations are made to ensure procedures are followed. I delegate responsibilities to my management team as well. I have the luxury of having strong, committed managers and supervisors that also actively work the counter to ensure procedures are being followed.

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?

Critical broadcasts are highlighted and placed by the clock in terminal for all team members to read and initial. All broadcasts are placed in a binder and are initialed by all team members to ensure they have read them. Regular team dinners are provided when there are major procedural changes. My management team and I make sure that new procedures are being followed on a daily basis. We also have a "spotlight" training manual which highlights new procedures, addresses common errors, reviews the BMV manuals. We also meet throughout the year for focused training after work to ensure policies are being maintained.

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

I believe a team will follow the examples set by their leader. My employees see me working a terminal or prepping customers on a regular basis. Even when I am working my desk, I answer the incoming phone calls promptly. This shows what is expected of each team member. I always help out when a customer needs to be processed delicately. I listen when conflicts arise, and I step in if needed. I also, then offer suggestions on what could have been done differently, if anything, to help with customer service skills in the future. I am fair with all of my team members, and I don't expect anything from them that I am not willing to do myself. I have a very loyal management team that embodies the leadership style that has been critical to our success, while treating team members with respect and compassion.

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

Again, I believe in leading by example. Each team member is given specific training for processing customers in a professional and friendly manner. Suggestions are made as I see an area that needs to be improved upon. All of my team members are trained to get a supervisor in the event that they are having problems offering exceptional service. My management team and I listen and intervene when needed. We appear united as a team in our appearance as well. I pay for professional logo shirts for each team member. I believe that this promotes a team appearance that looks professional to our customers.

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

Retaining high-quality employees is a must! I believe it is more cost effective to hire qualified employees and pay them well in order to minimize employee turnover. I do put a lot of weight on bonuses for work completed as a team. These bonuses are on top of regular hourly rates. I treat all of my team members the way I would want to be treated: with respect and compassion. I offer many benefits (and random acts of kindness) to show my appreciation to my team members. I have six employees that have been with me since I was awarded the contract for my current location in February 2016. I have added new employees due to the growth of my agency. We have five team members with over 20 years of experience at a license bureau. I have very little turn-over and very loyal team members.

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

We have a daily cleaning routine (with a check-off list) that keeps our office clean and inviting. We have a very welcoming wall color with friendly affirmations and decals on them. We are located in a well-lit, safe plaza with other businesses. My team members see my friendly attitude with our customers and strive to provide the same friendliness. Feedback is given as needed. We have exceptional reviews on all social platforms, so that speaks volumes from our customers. I believe that an office can be inviting and professional through making the appearance welcoming and organized.

9. How would you deal with an irate customer?

Typically, the customer is triaged at the greeter station, so there has been little to no wait for them. This helps minimize most situations. We also hand out Head of the Line Passes when a customer has to return for any reason, which helps minimize the frustration as well. When a customer becomes upset, myself or a manager immediately take over for the team member. This shows the customer that their concerns are important to us. We allow the customer a chance to voice their concerns, and we re-state their concerns to show that we understand the problem. If needed, we take them to a more private area to discuss solutions. We always go above and beyond to take the time to explain procedures to them or make a call to the help desk. Again, we try to treat customers the way we want to be treated.

10. V	What training	or advice do vo	u, or will you.	give to your em	ployees for dea	aling with irate customers?
-------	---------------	-----------------	-----------------	-----------------	-----------------	-----------------------------

We work together to resolve the problem as a team, if needed. I teach them to listen actively, re-state the problem, and verifying concerns with the customer. I also give team members authority to waive deputy fees at their discretion and call the help desk for other available options. Team members are always given the option to come to myself or a manager, if we haven't already come to help. If an issue arises during the day, we discuss the issue after we close as a group. Suggestions are made to help others if they encounter the same situation in the future. I remind them to always treat others they way they want to be treated.

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

Our waiting period for customers is always under 15 minutes (typically, it's under 5 minutes). We provide a knowledgeable, professional, and friendly face to the BMV. We adapt to the never-ending changes that are necessary to safeguard our customers from fraud. We offer a variety of add-on services to save our customers time. I give feedback and suggestions to the BMV and serve as a beta tester when asked. Our team follows the rules and procedures set forth by the BMV. We offer accurate service and take the time to correct errors when necessary. I have proven that I am qualified to be the Deputy Registrar at multiple locations. I was the first person awarded the opportunity to do so in 2016, and there have been many subsequent multi-office deputies since. I believe that I am more than capable of highlighting the very best the BMV has to offer by bringing my specific skill set to another agency.

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

I have been a deputy registrar for 27 years, and I still LOVE being a deputy registrar for the BMV, and I believe that my love of the responsibility given to me shines through in my business. I am reliable, conscientious, motivated, and service-oriented. I was selected as the first person in Ohio to be awarded more than one contract simultaneously. I am able to persevere through anything that comes my way. No matter what happens, my team members are like a family to me. I treat others (team members, customers, field staff, the mailman, and so on) like I would want to be treated in a positive light that reflects on the BMV. Life is unpredictable, and I cherish every day I get to do a job that I love!

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

County of Summit ::				
State of Ohio : I, Cynthia Lynn Rhodes , 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; 				
3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;				
4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;				
5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,				
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: Cynthia Lynn Rhodes				
Sworn to and subscribed in my presence by the above named Lynn Rhode S				
on this loth day of January, 2025				
Notary Public 6202, 24, 2029				
Printed name of Notary Public: Deboral Snith oi40 to expres 5				
My commission expires: 1/24/29				

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name	Cynthia Lynn Rhodes	
Location Number 76-D		
Proposer Number (BMV use	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	~	
4.2	Experienced Employees Summary	~	
4.3	Staffing and Personnel Costs Calculation	~	
4.4	Start-Up Costs Calculation Amount: \$	_	
4.5	Deputy Registrar Contract (2 pages only)	~	

4.1 APPOINTMENT OF AGENCY MANAGERS

Cynthia Lynn Rhodes Proposer's name:	Location number:
(A) <u>DEPUTY REGISTRAR</u> : As deputy registrar, I agree to work hours per week during the hours the agency is open to the pentire 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 Audinonprofit corps., or deputy registrars operating multiple loc	requirement for deputy registrars is open for business. This ditors/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 busine Appoint myself as the office manager and work during the hours the agency is open to the public for Appoint another reliable person to serve as the office	r 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 week r business.
six hours per week during the hours the agency is of	pen to the public for business.
(C) <u>ASSISTANT OFFICE MANAGER</u> : I understand and ag person to be responsible for the management of the agency agency office manager during the hours the agency is open	y in the absence of myself and the
(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 institution. I also agree to notify the BMV in writing imappointment of the office manager or assistant office manager complete and current.	s and their work schedules, as well pection by BMV employees at all mediately of any changes in the
Deputy registrar (proposer) signature	01/22/2025 Date:

4.2 EXPERIENCED EMPLOYEES SUMMARY

Prop	oser's nai	Cynthia Lynn Rhodes me:	Location number: 76-D		
(A)	registrar effort to deputy	EXPERIENCED EMPLOYEES. I certify that under 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.	les, I will make every good faith elevant experience working in a s of employment at comparable		
(B)	CHECK	WHICHEVER APPLIES:			
		I HAVE NOT BEEN A DEPUTY REGISTRA EMPLOYEE. I have not yet identified any preserved reasonable effort to identify and hire, if possible relevant experience working in a deputy contact any deputy registrar employees until a contract. I AM OR HAVE BEEN A DEPUTY REGISTRA EMPLOYEE. I have identified the following persented offer of employment at comparable wages a to their present employment. (A deputy registrar registrar employment experience may list himself	ospective employees who have awarded a contract, I will make essible, qualified employees who registrar agency. Please do not after you have been awarded a AR OR DEPUTY REGISTRAR sons to whom I will make a bona and under comparable conditions or a proposer who has deputy		
(C)		stand that failure to hire properly qualified an ees is grounds to withhold or terminate my deputy r			
		2hods	01/22/2025 Date:		
Dep	Deputy registrar (proposer) signature				

Form 4.2, Experienced Employees Summary (2025)

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name:	Cynthia Lynn Rhodes	Location number:	76-D

<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	20.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36.00	\$ 25.00	\$ 900.00	\$ 3,600.00
Assistant Office Manager	36.00	\$ 18.00	\$ 648.00	\$ 2,592.00
Experienced Employees Total Number (combine Full-time & Part-time) =5	118.00	\$ 15.00	\$ 1,770.00	\$ 7,080.00
New Hire Employees Total Number (combine Full-time & Part-time) =0	0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	210.00	N/A	\$ 3,318.00	\$ 13,272.00

Form 4.3, Staffing and Personnel Calculation (2025)

4.4 START-UP COSTS CALCULATION

Propos	er's na	ame:	Cynthia Lynn Rhodes		Location n	umber:	76-D
costs o	f beg	inning	is form is to assure the BMV a deputy registrar business. s to cover your personnel, site	We need	to know th	nat you	nave enough
1.	PER	RSO	NNEL COSTS (FOUR V	VEEKS))		
	Use I	Form	4.3 to calculate four (4) week	s' personn	el costs for	this loca	tion,
					\$	13,272	2.00
2.	SIT	E PR	REPARATION COSTS	(AMOR	TIZED)		
	A.	costs	is is a Deputy Provided Site you will need to spend to trar agency in each of the follows:	prepare th	ne building		
		1.	Building Modifications	\$			
		2.	Counter Costs	\$			
		3.	Other Costs	\$ 3,000	.00		
		4.	Total	\$ 3,000	.00	-	
			l amortized over 60 month coide line 4 by 60)	ontract per	iod = \$	50.00	
	 B. If this is a BMV Controlled Site, enter the information contained in the Agency Specifications for this location. Do not change the information from the Agency Specifications. 						
3.	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.					will pay to	
	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: \$_1,000	0.00 x	3 = \$	3,000	00
TOTA	AL S	TAR	RT-UP COSTS				
	site 1	prepar	ration costs (2.A total amou Site amount), plus three mon	int or 2.B		16,322	2.00

STATE OF OHIO

DEPARTMENT OF PUBLIC SAFETY

BUREAU OF MOTOR VEHICLES

DEPUTY REGISTRAR CONTRACT - 2025

inis Agreemen	t is made	by and betw	een the Reg	istrar of I	Motor Vehicle	es, (Registrar,
herein), located Cynthia Lynn Rh		0 West Broa	ad Street, (Ohio 4322 ty registrar, h	
home mailing of	ldross is					
(City)			, Ohio (Zip)	44632	, to oper	ate a deputy
registrar agency	, Location		100 100 100 100 100 100 100 100 100 100		e located as fo	llows: in the
State of Ohio, C	ounty of	Stark	error stronger stronger som en			
City/Village/Tov	vnship (in	dicate which)	Township	of	Canton	
Street address:	3029 Cle	veland Ave SV	V		Ŷ.	
(City) Canton			, Ohio (Zip) _4470	7	

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:

- 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 approximate an individual," "County Auditor for (specify county)," or "a nonprofit corporation"]:	
5. The Deputy Registrar certifies that he or she h to all of the 2025 Deputy Registrar Contract Term	
Canades	01/06/2025
Deputy Registrar signature	Date
STATE OF OHIO :	
COUNTY OF Summit :	
Before me, a notary public in and for said county and	3(10) (10)
named Cynthia Lynn Rhodes ,	who acknowledged that he or she did
sign the foregoing instrument and that the same is his	s or her free act and deed.
IN WITNESS WHEREOF I have hereunto set my har of, 2025.	nd and official seal, this 6th day
NOTARY PUBLIC	
Printed name of Notary Public: Deborah	Smith
My commission Expires: 1/2H/29	
STATE OF OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES	DEBORAH H SMITH Notary Public State of Ohio My Comm. Expires January 24, 2029
BY: REGISTRAR OF MOTOR VEHICLES	
Done at Columbus, Ohio, on	

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal N	Cynthia Lynn Rhodes
Location Number 76	
Proposed Site Address	3029 Cleveland Ave SW Canton, OH 44707
	Sumber (number where BMV staff can reach you) (330) 936-2511
	V 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)	1	
5.1	Site Questionnaire (page 1 only if proposing existing license agency site)	1	
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	1	
	- signed and notarized	1	
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)		
1970	- with site clearly marked		

Form 5.0, Deputy Provided Site Checklist (2025)

5.1 SITE QUESTIONNAIRE

1.	Loc	ation Number for which you are proposing (from Agency Spec	ifications):	-D	
	Stre	et address of site 3029 Cleveland Ave SW			
			, Ohio, Zip Code	4470)7
2.	Is tl	ne site you are proposing currently in operation as a deputy regi			
			No	Yes_	✓
3.		you intend to perform construction or remodeling to prepare the	his site for opera	tion unde	r a new
	dep	uty registrar contract?	No	Yes_	1
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 \$1.00.			
	B.	If you answered "Yes" to question number 4, have there been (interior and/or exterior to include parking areas, path of trave	The company of the state of the		viduals
		with disabilities, and signage)?	No	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.		_	orm 5.3
	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 require	made. Include ac p here. Print and pliance with Sect	lditional submit th ion 5	
		Signage: A new sign that complies with current BMV lo	go requirement	s will be	

5.3 LEASE OPTION

1	I (we) (owners' complete names) Canton - Lavenna Limited Partnership, an Oho	
	limited partnershing	
	of (owners' complete address)	_
	City Beachwood , State OH , Zip 44/20	
	HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTIO	
	TO LEASE the following described property located in the State of Ohio, County of Stark	of
	Township Canton	
	(property's address) 3029 Cleveland Ave SW	s:
	Suite, Ohio, Zip 44707	_
	to (proposer's name) Cynthia Lynn Rhodes	-
	of (proposer's address)	_
	Cit, Ohio, Zip	_
	for the operation of a deputy registrar agency under contract with the Ohio Bureau of Moto	r
	Vehicles, and for no other purpose.	
2.	THE TERM OF THE LEASE, if executed, shall begin no later than the 29^{th} day of June, 2025 and shall not terminate before the 29^{th} of June, 2030 .	1
3.	THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31^{st} day of May, 2025.	1
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.	
	3. If the owners have granted or hereafter grant an option to the same described real estate to	į.

by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.

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

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. Canton - Lavenne, Limited Partnerskip, an Own limited partnerskip
Owner(s)' signature(s): Carriton - Lavenne, Limited Partnership, an One limited partnership by: Main Street Associates, LLC, an One pointed liability co, General Partner By: Dum a Solly
Owner(s)' printed name(s): Ivan A. Social, manager
STATE OF Ohio :
COUNTY OF Stark :
The foregoing instrument was acknowledged before me on this 30th day of January, 2025, by the owners, Ivan A. Societ, manage of Main Street Associate LLC, the beneral fastner of Canton-Lavenna United Partnership.
Word Drekenwald
Printed name of Notary Public: Eboni Darkenwald
My commission expires on $12/26/2025$
I hereby accept this option.
EBONI DARKENWALD Notary Public, State of Ohio My Commission Expires: 12/20/2025
$\Lambda \Omega = 0$

C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option,

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

Optionee signature, Deputy Registrar Proposer

Date