### PAYROLL COMPARISON - 2025

## **Proposer Name: Denise Everetts**

Evaluator Printed Name:_	Robert	A.	Fragale	

		بالعائدين	ocation N	lumber(s)	174 175 1841	
	29-B	Loc. 2 57-8	Loc. 3	Loc. 4	<u>Loc. 5</u>	Loc. 6
Highest Rate	\$18	3 19				
Lowest Rate	\$12	\$ 13.75	·			
Number of Hours Recommended	161	174		***************************************	1555-11-15-15-15-16-1	***************************************
Number of Hours Proposed	180	180				
Total Monthly Wages	49,360	608,91		*******		

Comments:		
	-15	

## PERSONAL EVALUATION (2025)

Denise Everetts 29-B / 25106 Greene County, Beavercreek BMV Site

Evaluation Team Number:  Location(s) Proposed: (#1) 57.8 29.8  Proposed as 2 <sup>nd</sup> Location  Verify Proposer's Full Name: (#2) Denise K. Evereths  Proposer's County of Residence (NPC Operation): (#4)  Verify Proposer's Driver's License Number: (#6)
Proposing as Minority: (#9) Yes No _K  Proposing as: (#10) Individual   Clerk of Courts Co. Auditor Nonprofit Corp
FORM 3.0, PERSONAL CHECKLIST PERSONAL EVALUATION, Page 2 BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3 PERSONAL EVALUATION, Page 5 PERSONAL EVALUATION, Page 6 PERSONAL EVALUATION, Page 7 PERSONAL EVALUATION, Page 7 PERSONAL EVALUATION, Page 8  (Max. 16 Points): 55 (Max. 55 Points): 100 (Max. 100 Points): 17 (Max. 28 Points): 17 (Max. 17 Points): 17 PERSONAL EVALUATION, Page 7 (Max. 27 Points): 15
TOTAL POINTS (Max. 258 Points): 258
Comments:
Evaluators' Signatures  (1) Mut a. Fragok  (2) Robert A. Fragok  (3) Date

	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)	6	*
2.	Proposer does not hold an overlapping deputy registrar contract? (#13)  If contract overlaps, what is the expiration date of the contract?	6	0
3.	Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	(5)	*
4.	Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	(5)	*
5.	Proposer is not a State of Ohio employee or will resign? (#19)	(5)	*
6.	Proposer is not an active insurance agent or is nonprofit? (#20)	(5)	*
7	Proposer states no criminal conviction within the last 10 years? (#21)	(5)	*
8.	Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	(5)	*
9.	Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	5	*
10.	Proposer can meet bond requirements? (#24 and acceptable proof)	(5)	*
11.	Acceptable educational information OR nonprofit corporation? (#25)	(5)	0
12.	Proposer has computer training or experience? (#26)	(5)	0
	PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points)	50	_
NO.	TE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract con	tingency	1.
Com	nments:		
-			_

## BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION Person called: \_\_\_\_\_ Verified at telephone ( East Dayton 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: 30 Verified Hours 30 = Factor x Years 20 x Points 50 = 1,000 ...... 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: Relationship: Verified experience as: Deputy Registrar Agency Owner (50) \_\_\_\_\_ Other Business Owner (34) \_\_\_\_\_ Manager or Supervisor (25) \_\_\_\_\_ Deputy Registrar Employee (23) \_\_\_\_\_ Other Employee (20) \_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_ From (date); \_\_\_\_\_\_ To (date): \_\_\_\_\_ Length: \_\_\_\_\_ Verified Hours = Factor x Years x Points = =

#### **BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION**

13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM AGENCY/COMPANY	H	DURS		FACTO	₹ <b>x</b> `	YEARS	x	POINTS		SCORE	VERIFIED
A. East Dayton Licenze Bureau	#	NA	=	1.0	Х	20	Χ	50	=	1,000	V
В.	11			1.0				50	=		
C.	#	NA	=	1.0	X		Χ	50	=		
		S	ubt	otal of	13	-A, 13	В	& 13-C	=	1,000	

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM A	GENCY/COMPANY	HOU	RS = FAC	TOR X YEA	RS X F	POINTS	A _ (0)	SCORE	VERIFIED
Α.		#	=	X	X	34	=		
B,		#	=	X	Х	34	=		
C.		#	=	X	X	34	=		
Libration.			Subtota	I of 14-A,	14-B &	14-C		gewat king o	

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

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	RS X	POINTS	s =	SCORE	VERIFIED
A.	#	=	X	X	25	=		
В,	#	=	X	X	25	=		
C.	#		Х	X	25	=		
	M 22 1 0	Subtota	l of 15-A,	15-B 8	15-C	=		

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

ITEM AGENCY	HOU	RS = FAC	TOR X YEA	RS X	POINTS		SCORE	VERIFIE
A.	#	=	X	Х	23	=		
B.	#	=	X	X	23	=		
C.	#	=	X	Χ	23	=		
D,	#	=	Χ	Х	23	=		
	Subt	otal of 16	-A, 16-B,	16-C 8	& 16-D	=	W 897 510	

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

17. OTHER	<b>EMPI</b>	OYMENT	Experience.	Form 3.2
178 2011 1	LIVII L		LADOITOU.	1 01111 0.2

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	ARS X	POINTS	; =	SCORE	VERIFIED
A,	#	=	Χ	X	20	=		
B.	#	=	Χ	X	20	200		
C,	#	=	X	X	20	=		
D.	#	=	X	X	20			
	Subtotal of	Lines 17	-A, 17-B,	17-C 8	17-D	= 10		

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

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

	PERSONAL EVALUATION	OK	NO
18.	Form 3.3 – Customer Service Experience		
	Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	2	0
19.	Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Cou	irts)	
	A. Are funds in acceptable financial institution and verified with bank/teller stamp?	G	*
	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)	<b>(5)</b>	*
21.	Form 2.6 Pornannal Policy Cymmany		
21.	Form 3.6 – Personnel Policy Summary  Does proposer agree to provide/maintain a written personnel policy covering the follow	door	
	A. Hiring employees with deputy registrar agency experience?	Ting.	-
	B. Equal Employment Opportunity?		
	C. Employee training by the deputy registrar?		
	D. Participation in BMV provided training?	1	
	E. Evaluation of employee performance?	1	
	F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?		
	G. Progressive disciplinary steps?	(11)	0
	H. Dress code with list of acceptable attire?		
	I. Dress code with list of unacceptable attire?		
	J. A policy for maintaining the professional appearance of all staff at all times?	1	
	K. Fringe benefits (beyond those required by law or contract)?		
	PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points)	20	9
NOT	TE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract con	ingency	
Com	nments:		

	PERSONAL EVALUATION	ок	NO
22.	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)		
	Safe or secured locking cabinet? (Mandatory)	13	*
	<ul> <li>J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)</li> </ul>	(13)	
	<ul> <li>K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)</li> </ul>		
	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	(ÓK)	NO
23.	Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
	A. Indoor/Outdoor maintenance and cleaning?	(1)	0
	B. Prompt snow and ice removal?	(1)	0
	C. Carpet and/or floor cleaning (if appropriate)?	(1)	0
	D. Repainting?	(1)	0
	PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points)	17	
NOT	E: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract conti	ngency	
Com	ments:		
Oom			-
10			
			_

	11	PERSONAL EVALUATION	ок	NO
24.	Foi	rm 3.9 – Involved and Invested in Your Business		
	1.	How do you plan to manage, be responsible, and be accountable for this business at all times?	0	0
	2.	How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	(1)	0
	3.	What measures will you put in place to detect, deter, and prevent fraud?	(1)	0
	4.	The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	0	0
	5.	How will you demonstrate good leadership to your employees?	(1)	0
	6.	How will you maintain a high level of professionalism each day in this business?	$\triangle$	0
	7.	How do you intend to recruit and retain high quality employees?	1	0
	8.	How will you provide a safe, clean, and friendly place to do business?	(1)	0
	9.	How would you deal with an irate customer?	0	0
	10.	What training or advice do you, or will you, give to your employees for dealing with irate customers?	1	0
	11.	How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	(1)	0
	12.	Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	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)		
		No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
		No convictions (except minor traffic) / AOI for nonprofit corporation?	2	0
27.		I / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation disqualifying convictions for individual / AOI for nonprofit corporation?	(5)	*

	PERSONAL EVALUATION	ОК	NO
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)?	(3)	0
	C. No judgments for the past 36 months?*	3	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?	(2)	0
	F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	1	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
	PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points) -	15	
NOTE	E: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract conti	ingency	
Comn	ments:		
			_

# **OPERATIONAL EVALUATION (2025)**

Denise Everetts 57-B / 25016 Montgomery County, Dayton 1036 S Smithville Rd.

FORM	DESCRIPTION	ОК	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week	0	
	Proposed Work Hours Per Week	(5)	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	3	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	(2)	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: 174 Proposed: 180	4	5 <b>%</b>
	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)	0	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	(3)	0
	B. Adequate and Accurate Site Preparation Costs	3	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$16,907.50 On Deposit (Form 3.4): \$50,864.91	6	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	(2)	0
	B. Signed and Properly Notarized	3	0
NOTE: Scor	OPERATIONAL EVALUATION POINTS (Max. 40 Points) re indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract	4C	
Comments	s:		
Evalu	ators' signatures Printed names	Date	
(1)	dut a Fragale Robert A. Fragale	212	6/25
(2)			

#### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Denise Kay Everetts

Proposer Number	(BMV use only)	
t toposci mambei	Ditt r ase 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	вму	NONPROFIT CORPORATION	1	вму
Form 3.0 Personal Checklist (this form)	V		Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	~		Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	V		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	V		N/A	х	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	V		N/A	х	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	x	1	N/A	x	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	V		Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	V		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	V		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	V		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	~		2025 Local Law Enforcement Report			Articles of Incorporation		
2025 WebCheck Receipt	1		2025 WebCheck Receipt			N/A	x	1
Pre-approval Statement for \$25,000 Bond	V		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:
	57-B 29-B
	· · · · · · · · · · · · · · · · · · ·
2.	Full legal name of proposer Denise K Everetts
3.	Proposer's street address
	City State Ohio Zip code 45430
4.	County of residence (nonprofit corporation county of operation) Greene
	Daytime telephone
6.	Proposer's driver's
7.	Spouse's name (nor
8.	Spen-2-1
	Cit State Ohio Zip code 45430
9.	Are you proposing as the owner of a minority business enterprise (MBE)? No Yes
	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, other t Auditor, either by election or appointment (includes precinct co	han Clerk o	of Courts or son)? (NPC N	County (A)
	Yes	No	1
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)		No	
B. If YES, what office?	-		
13. A. Are you currently a deputy registrar?		No_	
B. If YES, on what date does your contract expire? June 28, 2025			
C. If YES, have you served as a deputy registrar continuously since January 1, 1992?	No V	Yes	
14. A. Is your spouse currently a deputy registrar? (NPC N/A)		No_	
B. If YES, on what date does your spouse's contract expire?			
For the following three questions, extended family includes your spo daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, sor	use, parent, n-in-law, or o	brother, sister laughter-in-lay	, son, v:
<ol> <li>A. Does any member of your extended family currently hold a d N/A)</li> </ol>	leputy regist	trar contract?	(NPC
	Yes _	No	
B. If YES, list their name, relationship to you, whether you share			
submit a proposal in response to this RFP? (NPC N/A)	a ranning		
	Yes	No_	,

B. If YES, list their name, relationship to you, and whether you	share the same	household:	
Name Relationship		Same Hou	
	Y	'es N	
		es N	
	Y	'es N	lo
	Y	'es N	lo
17. A. Is any member of your extended family employed by any sub- Public Safety? (NPC N/A)			
D. LEVER II		No_	
B. If YES, list their name, relationship to you, and the date they	became so emp	loyed:	
Name Relationship		Employme	nt Data
		curpioyme	nt Date
		e-41	
18. A. Have you completed the Political Contributions Report, Form (NPC must submit one for NPC itself and one for its C.E.O.)  B. If "NO," are you applying as a Clerk of Courts or County Audit	No	Yes	
19. A. Are you an employee of the State of Ohio? (NPC N/A)	Yes		V
B. If "YES," will you resign, if appointed?	No	Yes_	
20. Are you an insurance company agent, writing automobile insurance	ce?		
(NPC N/A)	Yes	No	~
21. Has Proposer (including NPC and proposed office manager) been of a crime punishable by death or imprisonment in excess of involving dishonesty or false statement?	convicted with one year (fel	in the past tony), or an	en years
,	Yes	No_	~
22. As of the date of this certification does Proposer owe an compensation contributions, social security payments, or workers the State of Ohio or any political subdivision thereof, or to the fed or locality within the United States?	y overdue tax	ces, unemp	loyment
	Yes	No	V

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

23	Is Proposer willing and able, if appopolicy of business liability property dhold the Department of Public Safety, and the Registrar of Motor Vehicles Revised Code 4503.03(C)? (County Augusta)	the Di	rector of Public Safety,	tisfactory to	the Regi	strar and
	, , , , , , , , , , , , , , , , , , , ,		sion of courts (VA)	No	Yes_	~
24	Is Proposer bondable as outlined in Oh 4501:1-6-01(B)?	io Adm	ninistrative Code		Yes_	
25.	Please provide the following information provide educational information for the	ion reg	arding your education. dual who will manage th	If applying te license ag	g as a NPC gency busin	C, please
	High school diploma?			No	Yes	~
	High school name Paulding Ex	xem	pted Village	School		
	<sub>City</sub> Paulding		Ohio		Zip 458	379
	College name				258	
	City				Zip	
	Major		Degree awarded			
	College name			-8		
	City	State			Zip	
	Major					
	Computer experience. Does Proposer computers? (Incumbent deputy registre nonprofit corporations, this question should be nonprofit corporation's activities.)	ars ma	v take credit for oner	ating BMV r systems o	computer perated or	s. For used in
				No	Yes_	V

	using computers since 1990 amiliar with Microsoft Word, Excel, Microsoft office, PowerPoint, Outlook, Onenote	
ave l	n using Bass for almost 20 years.	
-		
poli una	provide the requested information for three persons we can contact by telephone does business hours and who will serve as a character reference for you. Do not list related contacts, or employees of the Department of Public Safety (including BMV). If we to contact at least one person or that person is unable to serve as a character reference, evaluated unfavorably. Nonprofit corporations should list references who are familiar	ives e are
poli una	to contact at least one person or that person is unable to serve as a character reference for you. Do not list relate to contact at least one person or that person is unable to serve as a character reference.	ives e are
poli una	to contact at least one person or that person is unable to serve as a character reference for you. Do not list relate to contact at least one person or that person is unable to serve as a character reference.	ives e are
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poli una	to contact at least one person or that person is unable to serve as a character reference for you. Do not list relate to contact at least one person or that person is unable to serve as a character reference.	ives e are
poli una	to contact at least one person or that person is unable to serve as a character reference for you. Do not list relate to contact at least one person or that person is unable to serve as a character reference.	ives e are
poli una	to contact at least one person or that person is unable to serve as a character reference for you. Do not list relate to contact at least one person or that person is unable to serve as a character reference.	ives e are
poli una may	to contact at least one person or that person is unable to serve as a character reference for you. Do not list relate to contact at least one person or that person is unable to serve as a character reference.	ives e are

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

# 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.

Company name Defise K. Everetts
Type of business (deputy registrar, retail grocery, etc.) deputy registrar  Company's products and/or services license services, VIN inspetions, voter registration reinstatement fee collections  BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): sole proprietor  1. Federal Tax ID Number:  2. Percentage of business you owned: 100 % Hours worked weekly 30  3. Dates you operated this business: From: month 08 year 2004 To: month 02 year 2004  4. Is/was this business profitable? No Yes
Company's products and/or services license services, VIN inspetions, voter registration reinstatement fee collections  BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): sole proprietor  1. Federal Tax ID Number:  2. Percentage of business you owned: 100 % Hours worked weekly 30  3. Dates you operated this business: From: month 08 year 2004 To: month 02 year 20  4. Is/was this business profitable? No Yes
BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): sole proprietor  1. Federal Tax ID Number:  2. Percentage of business you owned: 100 % Hours worked weekly 30  3. Dates you operated this business: From: month 08 year 2004 To: month 02 year 20  4. Is/was this business profitable? No Yes
BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): sole proprietor  1. Federal Tax ID Number:  2. Percentage of business you owned: 100 % Hours worked weekly 30  3. Dates you operated this business: From: month 08 year 2004 To: month 02 year 20  4. Is/was this business profitable? No Yes
2. Percentage of business you owned: 100 % Hours worked weekly 30  3. Dates you operated this business: From: month 08 year 2004 To: month 02 year 20  4. Is/was this business profitable? No Yes
4. Is/was this business profitable? NoYes
5 In/was this having
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes
7. Do/did you directly manage employees on a daily basis? No Yes
If you answered yes to question number 6, how many employees do/did you manage?7
8. Have you ever developed a comprehensive business plan?  No Yes
List at least one person, not a relative of yours, who can verify this experience. If we cannot contact least one person to verify this experience, you will not receive any credit for it. (If you are a depresent or deputy resistance of deputy resistance.)

# 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 Denise K. Everetts		Company name Defiance License Bureau				
Company address 725 Jeffers	on A	/e		ty Defiance		
StateOhio	Zip_	45312		419 )		00
Type of business (deputy registra	r, retai	grocery, etc.	deputy regis	strar		
Management/supervisory duties	Open	& close the	agency, prepar	ed and mad	daily depo	osits,
supervised and trained en	nploy	ees. Revie	wed transac	tions and o	orretions	 5.
MANAGER OR SUPERVISOR						
1. Title of position Assista	nt ma	nager		Hours worked	d weekly?	32-36
2. Dates this position was held						
3. Do/did you directly hire, ev	aluate,	train, and dis	cipline employee	es? No _	Yes	
4. Do/did you directly manage	super	vise employee	s on a daily basi	s? No	Yes	
If you answered yes to ques	stion n	umber 4, how	many employees	s do/did you m	ianage?	2-3
5. Have you ever developed a	compr	chensive busin	ness plan?	No	Yes	<b>V</b>
List at least one person, not a related least one person to verify this ex registrar or deputy registrar emplor	perienc	e, vou will n	of receive any c	redit for it	If won are	a dament.

#### 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.

Company address 725 Jefferson Ave State Ohio Zip 43512			
State Ohio Zip 43512	City Defiance		
	Telephone ( 419 )784-4400		
Type of business (deputy registrar, retail grocery, etc.) de	eputy registrar		
EMPLOYEE - Job title: processor			
Hours worked weekly 32-36 Job duties Pro	ocessing of Ohio Drivers licenses,		
permits, and commercial drivers licenses. O			
vehicle registrations, conducted vision screening and			
Dates of this employment: From: month5year _			
Describe how and to what extent you provided high qual	lity customer service at this position:		
I love people, so it is easy to be friendly. I became a			
I was giving the customer proper procedures and ar	nswer any questions with acccuracy. I		
would go over any paperwork they had questions to, and at tim	es, applied their registration sticker.		
List at least one person, not a relative of yours, who can y			

#### 3.3 CUSTOMER SERVICE EXPERIENCE

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

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

I have trained my employees to be Happy, Helpful and Heartfelt! (3 H's)
I realized many years ago at my first BMV agency I worked for. It was not a friendly place in my opionion. I have always loved to laugh and have fun...And I let my customers know that. Soon I was known as the "the friendly one" and some customers would wait until I could wait on them.

I had a customer when I was a "BMV clerk" that had gotten a ticket for fictitious license plates. He was upset and confused. I asked him if I could take a look at his sticker on his license plate. He took me to his vehicle and I got the control number off the sticker (long time ago), and did some research. He had purchased two of the same models of cars at the same time, but had sold one of the vehicles. He had renewed the license plate to the vehicle he sold, instead of the one he kept. Wrong year and VIN. I got him straighted out and he became a friendly face in the line from there on out.

In todays time as a DR, I ensure my employees are giving great customer service, by being knowledgeable, friendly and smiling. I find if the staff is a happy staff, the customers are happy customers! Many times I am in my office, enjoying the sound in my lobby.

For the young kids, we have loads of stickers to give to them!

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.

County Auditors and Clerks of Court are exempt from this requirement and need not file this Report of Political Contributions.

Nonprofit Corporations must submit one report for the nonprofit corporation itself and one report for the chief executive officer (C.E.O.) who has, or will have, primary responsibility for the nonprofit corporation's operation of the deputy registrar agency. There is only one copy of this report in this package. Nonprofit corporations must make a second copy and submit one copy for the nonprofit corporation itself and one for the C.E.O. who will be responsible for the operation of the deputy registrar agency.

	Danie	1/	
Name:	Denise	Kay	<b>Everetts</b>

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 "\sets" in the appropriate box, "yes" or "no" for each category and year separately.

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

Form 3.5, Political Contributions Report (2025)

#### 3.6 PERSONNEL POLICY

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

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

No	Yes

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR PARTICIPATION IN BMV PROVIDED TRAINING DOCUMENTED REPUDIC EMPLOYEE TRAINING
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR PARTICIPATION IN BMV PROVIDED TRAINING
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED DEDICATE DATE OF THE PROPERTY OF TH
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:

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 (MIN. OF ONCE A YEAR)
PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES

#### 3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

I will be responsible for all state monies, equipment and inventory by ensuring the facility is secure during non business hours. I have access to all cameras inside and outside of the facility on my phone. I can see and hear all operations inside of my agency.

I have several locking cabinets and drawers and all monies other than the cash drawers in use are secured in my private office and taken to the bank as soon as they open.

I also have a great staff!

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?

My manager is my cycs and cars when I am not available. He takes his responsibilities very serious, and he knows the importance of correct procedures and accuracy. I personally review various applications that is processed for the customers for accuracy and procedures. I personally train other management to check applications properly. Even if I am not in the office, my staff knows that I will take a phone call from them if they have any questions about proper procedures. When I hire a new employees, I make it clear that if any laws are broken, law enforcement will be notified, if there are any BMV procedures not done correctly on purpose, they will be terminated and possibly investigated.

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

I currently have 8 cameras. I and my manager am able to hear most transactions well. My personal desk face all processors so I can see and hear all of their transactions. If something does not look or sound quite right, I use my monitor to zoom in and listen, or I walk behind my employees to check things out. In my absence, my manager does the same. At one time I assumed I had a thief stealing a bit from her till after she counted. I got it on camera, had law enforcement come in and we confronted her with the video and law enforcement removed her after I fired her.

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?

All broadcasts are required to be read by the employee and initialed by the employee.

I keep a book of brodcasts for quick referencing. In the event, they are absent when a broadcast comes through, I flag their time card with a "brodcast" flag, so they can sign it upon their return. I do the same thing with important emails. I put the broadcast away only after all are initialed and understood and ensure all broadcasts are accounted for numerically.

5.	How will y	you demonstrate	good leadership to	vour employees?
----	------------	-----------------	--------------------	-----------------

I know my employees watch me and listen to me, so the way I treat my customers are what they are watching and learning from. I like to engage with many customers. I do not get loud or angry with any employees, I confront them when needed and I am an ear when they need one. Even though I am their employer, I prefer a friendly atmosphere in our small office. I never want my employees to fear me or dislike me. I interact with them and laugh with them. I go over procedures and problem areas. I treat them as I wish to be treated, with respect and calm.

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

By having well trained and polite employees.

New staff members are trained for as long as they need training or until dismissed. If and when I see any issue with an employee and customer interaction, I will step in if needed for accuracy. In the event I find the processor was not professional in their actions, I would give them a verbal warning. If it happens again, they would receive a write up, and possible termination if it happened again.

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

I use the Indeed hiring app and help wanted signs in my DR. office. I personally interview all applicants. I am looking at their attire, attitude, cleanliness, resume and personality. I hire by process of elimination.

I look for friendly, well dressed, well spoken individuals.

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

During slow times we all clean. The floors are swept daily and the floors are mopped weekly. Counters are wiped down with clorox wipes or lysol wipes.

All rugs are professionally cleaned and replaced if they have rolls or wrinkles that may cause someone to stumble.

My staff is fun and friendly already as they know thats is how is should be.

#### 9. How would you deal with an irate customer?

If we cannot help the customer, they would be pulled aside and would speak with myself or managment to try and help the customer understand why we could not help them. We let them know that if we could we would help them, but we have to comply with the laws regarding the issuance of what the customers seeks. Most of the time they calm down. No one likes to be told no, and we understand that.

10. What training or advice do you, or will you, give to your employees for dealing with irate	customers?
Be kind and patient. If need be, come get me or the office manager. Normally we are list anyhow and will walk into their work space and "find something to do" and listen in. If the customer seems hard to handle we will step in and pull the customer aside and discuss the away from the processor. Normally its one of 2 things, they do not have what they need, think we are the ones that suspended their license and they want details. So, by calmly extend to the customer how things work by the law and BMV, they calm down and usually apolithe processor.	he issue or they
11. How will you meet the expectations of the Bureau of Motor Vehicles?	
Strive to get excellent evaluations.  Do what is expected of me as a deputy registrar.  Be kind to staff and customers.  Get along with and respect field staff.  Obey all laws, rules and regulations.	
12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license ager	cy contract?
I have been a deputy registrar for almost 21 years and enjoy it.  I am honest and dedicated.  I pay attention to everything that goes on at my office.  I review applications, I interview and hire and train. I clean.  I enjoy my job!	

Form 3.9, Involved and Invested in Your Business, Page 3 of 3 (2025)

# 3.10(A) AFFIDAVIT OF INDIVIDUAL (Not to be used by County Auditors, Clerks of Counts or Nongrefit Co

County of Montgomery :
State of Ohio :  I, Denise K. Everetts, being first duly sworn, depose and say that:
<ol> <li>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;</li> </ol>
<ol> <li>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;</li> </ol>
<ol> <li>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;</li> </ol>
4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.
Signature of proposer: Allewse Cule Constant of proposer:
Printed/typed name of proposer: Denise K. Everetts
Sworn to and subscribed in my presence by the above named Depise K Everetts
on this 27 th day of January , 2025
Notary Public  HEATHER D BAC Notary Public
Printed name of Notary Public: HeATHER DEANES My Comm. Expir

My commission expires: 05-04-2027

### 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name	Denise Kay Everetts	
Location Number		
Proposer Number (BMV use	only)	

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

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	~	
4.1	Appointment of Agency Managers	V	
4.2	Experienced Employees Summary	~	
4.3	Staffing and Personnel Costs Calculation	~	
4.4	Start-Up Costs Calculation Amount: \$\frac{16907.50}{\\$}		
4.5	Deputy Registrar Contract (2 pages only)	~	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name:	Location number: 57B
(A) DEPUTY REGISTRAR: As deputy registrar, I agree to hours per week during the hours the agency is open to entire term of the contract. I understand that the minimal is twenty (20) hours per week during the hours the age twenty-hour requirement does not apply to County nonprofit corps., or deputy registrars operating multiple.	to work in the agency at least 20 the public for business throughout the imum requirement for deputy registrars gency is open for business. This Auditors/Clerks of Courts
(B) OFFICE MANAGER: I understand and agree that I another reliable person to serve as the office manage manager must be scheduled to work at the agency at during the hours the agency is open to the public for b  Appoint myself as the office manager and we during the hours the agency is open to the public for the public for the during the hours the agency is open to the public for the public form the hours the agency is open to serve as the six hours per week during the hours the page to the public for the public form the	er for the agency, and that the office t least thirty-six (36) hours per week business. It is my intention to:  york at least thirty-six hours per week ic for business.
(C) ASSISTANT OFFICE MANAGER: I understand an person to be responsible for the management of the agency office manager during the hours the agency is of the management of the agency of the manager during the hours the agency is of the manager during the hours the agency is of the manager during the hours the agency is of the manager during the hours the agency is of the manager during the hours the agency is of the manager during the hours the agency is of the manager during the hours the agency and the hours the agency and the manager during the hours the agency and the hours the	d agree that I must appoint a reliable
(D) OTHER EMPLOYEES: I agree to maintain an acc manager, assistant office manager, and all other emplo as my own work schedule, on file and available for times. I also agree to notify the BMV in writing appointment of the office manager or assistant office roster complete and current.	byees and their work schedules, as well inspection by BMV employees at all immediately of any changes in the
Deputy registrar (proposer) signature	JANUARY 10, 2025 Date:

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Prop	oser's na	DENISE K EVERETTS me:	Location number: 57-B
(A)	effort to	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.	es, 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 prorelevant deputy registrar experience. However, if every reasonable effort to identify and hire, if postave relevant experience working in a deputy recontact any deputy registrar employees until a contract.  I AM OR HAVE BEEN A DEPUTY REGISTRA EMPLOYEE. I have identified the following personal fide offer of employment at comparable wages are to their present employment. (A deputy registrar registrar employment experience may list himself of the second contract.)	awarded a contract, I will make awarded a contract, I will make assible, qualified employees who egistrar agency. Please do not fter you have been awarded a AR OR DEPUTY REGISTRAR ons to whom I will make a bona and under comparable conditions for a proposer who has deputy
(C)	I yinders	stand that failure to hire properly qualified and	l experienced deputy registrar
	employe	es is grounds to withhold or terminate my deputy re	egistrar contract.
1	Ken	use l'étre D	JANUARY 10, 2025 ate:
Depu	ty registr	ar (proposer) signature	

Form 4.2, Experienced Employees Summary (2025)

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name:	DENISE K EVERETTS	Location number:	57-B
		A CANONICA CONTRACTOR OF THE C	

<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	\$ 19.00	\$ 684.00	\$ 2,736.00
Assistant Office Manager	34.00	\$ 16.00	\$ 544.00	\$ 2,176.00
Experienced Employees Total Number (combine Full-time & Part-time) = 3	90.00	\$ 13.75	\$ 1,237.50	\$ 4,950.00
New Hire Employees Total Number (combine Full-time & Part-time) =0				
TOTALS	180.00	N/A	\$ 2,465.50	\$ 9,862.00

Form 4.3, Staffing and Personnel Calculation (2025)

### 4.4 START-UP COSTS CALCULATION

Prope	oser's	name:	DENISE K EVERETTS	Location	number:	57 <b>-</b> B
costs of beginning a		ginnin	g a deputy registrar business.	form is to assure the BMV that you are financially able to cover the deputy registrar business. We need to know that you have enough cover your personnel, site preparation, and site rental costs.		
1.	PE	RSO	NNEL COSTS (FOUR	WEEKS)		
	Use	Form	4.3 to calculate four (4) week	s' personnel costs fo	or this loca	tion.
					\$ 9862.0	
2.	SIT	TE PF	REPARATION COSTS	(AMORTIZED)		
	A.	costs	is is a Deputy Provided Sits you will need to spend to strar agency in each of the foll	prepare the buildir	er the actu ig for use	al projected as a deputy
		1.	<b>Building Modifications</b>	\$_0.00		
		2.	Counter Costs	\$ 0.00	_	
		3.	Other Costs	§ <u>0.00</u>	_	
		4.	Total	\$ 0.00		
			l amortized over 60 month coidc line 4 by 60)	ontract period =	\$ 0.00	
	B.	Ager	is is a BMV Controlled Sincy Specifications for this look the Agency Specifications.	te, enter the inform cation. Do not cha	ange the i	ained in the nformation
					\$	
3.	AG	ENC	Y RENTAL PAYMENT	rs (3 Months)		
	A.	If the	is is a Deputy Provided Site or lease this site.	e, enter the actual a	mount you	will pay to
	В	If th Agen	is is a BMV Controlled Sincy Specifications for this site	te, enter the estimate. Do not change the	ated rent l	isted in the listed.
				x 3 =		
TOT			T-UP COSTS			
	site	prepar	ration costs (2.A total amount), plus three mon	int or 2.B BMV	\$ <u>16907.</u>	50

#### STATE OF OHIO

### DEPARTMENT OF PUBLIC SAFETY

#### **BUREAU OF MOTOR VEHICLES**

#### **DEPUTY REGISTRAR CONTRACT - 2025**

This Agreemen	t is made by and bety	veen the Re	gistrar of N	Aotor Vehicles, (Registrar,
	d at 1970 West Bro		Columbus,	Ohio 43223-1102 and y registrar, herein) whose
home mailing ac	ddress			January Loremy Whose
(City)		, Ohio (Zip)	45430	, to operate a deputy
registrar agency	, Location No. 57-B		, to be	located as follows: in the
State of Ohio, C	ounty of Montgomery			
City/Village/Tox	wnship (indicate which)	City	of	Dayton
Street address:	1036 S. Smithville Rd			
(City) Dayton		, Ohio (	Zip) 45403	}

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;
- 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)

	The deputy registrar is appointed and accepts a "an individual," "County Auditor for (speci 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 she to all of the 2025 Deputy Registrar Contract 7	has read, understands, and hereby agrees Terms and Conditions incorporated herein.
A	Lenuse K 911846	01/23/2025
Dep	uty Registrar signature	Date
STA	TE OF OHIO :	
COU	JNTY OF Montgomery	
Befo	ore me, a notary public in and for said county a	and state, personally appeared the above
		, who acknowledged that he or she did
sign	the foregoing instrument and that the same is l	his or her free act and deed.
IN V	VITNESS WHEREOF I have hereunto set my hanuary	hand and official seal, this 23 day
F	lu ma)	ARIA
NOT	TARY PUBLIC	
Print	ted name of Notary Public: Danielle	walters !
Му	commission Expires: 3-29-28	OF OF OFFICE
DEP	TE OF OHIO ARTMENT OF PUBLIC SAFETY EAU OF MOTOR VEHICLES	
BY:	REGISTRAR OF MOTOR VEHICLES	
	Done at Columbus, Ohio, on	

### 5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Denise Kay Everetts
Location Number 57-B
Proposed Site Address 1036 S. Smithville Rd Dayton OH 45403
Proposer's Telephone Number (number where BMV staff can reach you) (937) 620-6176
Proposal Number (BMV use only)

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

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

FORM	DESCRIPTION	1	BMV
5.0	Deputy Provided Site Checklist (this form)	V	
5.1	Site Questionnaire (page 1 only if proposing existing license agency site)	V	
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)	V	
	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)		
	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. Location Number for which you are proposing (from Agency Specifications): 57-B			-B		
	Stre	eet address of site 1036 S. Smithville Rd			
			, Ohio, Zip Code	454	03
2.	Is th	he site you are proposing currently in operation as a deputy reg			
			No	Yes_	~
3.	Do	you intend to perform construction or remodeling to prepare to the registrar contract?	this site for operati	on under	a new
	ucp	aty registral confract?	No 🗸	Yes	
4.	Are	you applying for a contract at an existing license agency site approved under a previous contract?			
			No	Yes_	V
5.	A.	If you answered "No" to question number 4, skip to question information required for this form (5.1) and the remainder of	number 7, and com Section 5 forms 5.2	nplete the 2 through	e 1 5.4.
	В.	If you answered "Yes" to question number 4, have there been (interior and/or exterior to include parking areas, path of trave with disabilities, and signage)?	any changes to the el, and accessibility	e site to indiv	riduals
			No	Yes_	~
6.	A.	If you answered "No" to question number 5, please print and for compliance with Section Five (5) requirements for this R remainder of your required proposal documents.	l submit this along FP and include it w	with fo	orm 5.3
	B.	If you answered "Yes" to question number 5, list the site char 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 add p here. Print and so pliance with Section	litional ubmit thi	
		I had the required BMV signage professionally installed have been made.			es

#### 5.3 LEASE OPTION

1.	I (we)(owners' complete names) _ \$20 Pinewood 1, LCL
	of (ov
	City
	HERI wledged, this OPTION
	TO LEASE the following described property located in the State of Ohio, County of
	Montagement, (state whether city, village or township)
	City of Dayton and commonly known as:
	(property's address) 103/ Southwilk Rd
	Suite NA City To the One Ohio, Zip 45403
	to (proposer's name)
	of (proposer's address)
	City Beaux Over , Ohio, Zip 45430
	for the operation of a deputy registrar agency under contract with the Ohio Bureau of Motor
	Vehicles, and for no other purpose.

- 2. THE TERM OF THE LEASE, if executed, shall begin no later than the 29th day of June, 2025 and 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  $31^{\underline{s}}$  day of May, 2025.

#### 4. THE PARTIES AGREE AS FOLLOWS:

- A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.
- B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.

- C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.
- D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

Owner(s)' signature(s):
Owner(s)' printed name(s):  PRICENWAMS AS AGENT FOR  YEO PINEWOOD, UCC
STATE OF OKlahoma:
COUNTY OF OKlahoma:
The foregoing instrument was acknowledged before me on this
Melionikelly Mous Notary Public  Notary Public
Printed name of Notary Public: Melissa Kelly Morris # 19000460 # # 19000460
My commission expires on $0/14/27$
I hereby accept this option.

01-22.2025

Date

Optionee signature, Deputy Registrar Proposer

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