

PAYROLL COMPARISON – 2025

Proposer Name: Kimberly McDavitt

Evaluator Printed Name: Miles Whit

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

| | Location Number(s) | | | | | |
|-----------------------------|--------------------|---------|--------|--------|--------|--------|
| | Loc. 1 | Loc. 2 | Loc. 3 | Loc. 4 | Loc. 5 | Loc. 6 |
| | 12-A | 29-B | | | | |
| Highest Rate | \$13/h | \$15/h | | | | |
| Lowest Rate | \$12/h | \$12/h | | | | |
| Number of Hours Recommended | 174 | 161 | | | | |
| Number of Hours Proposed | 194 | 161 | | | | |
| Total Monthly Wages | \$2,352 | \$7,335 | | | | |

Comments:

PERSONAL EVALUATION (2025)

Kimberly McDavitt
12-A / 25035
Clark County, Springfield
BMV Site

Evaluation Team Number: _____
Location(s) Proposed: (#1) 12-A 29-B _____
Proposed as 2nd Location X _____
Verify Proposer's Full Name: (#2) Kimberly K. McDavitt
Proposer's County of Residence (NPC Operation): (#4) Greene
Verify Proposer's Driver's License Number: (#6) [REDACTED]
Proposing as Minority: (#9) Yes _____ No X
Proposing as: (#10) Individual X Clerk of Courts _____ Co. Auditor _____ Nonprofit Corp. _____

SCORING SUMMARY

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

TOTAL POINTS (Max. 258 Points): 258

Comments: _____

| | <u>Evaluators' Signatures</u> | <u>Evaluators' Printed Names</u> | <u>Date</u> |
|-----|-------------------------------|----------------------------------|-----------------|
| (1) | <u>Miles J. Trilliot</u> | <u>Miles J. Trilliot</u> | <u>02/27/25</u> |
| (2) | _____ | _____ | _____ |

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

PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 55

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

| |
|--|
| Comments: _____ _____ _____ _____ _____ _____ |
|--|

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone ()

Company: Beaver Creek Inn

Relationship: Deputy

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

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

Hours per week:

From (date): 2005 To (date): 2015 Length:

Verified Hours = Factor 1 x Years 10 x Points 50 = 1,000

Person called: at telephone ()

Company:

Relationship:

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

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

Hours per week:

From (date): To (date): Length:

Verified Hours = Factor x Years x Points =

Person called: at telephone ()

Company:

Relationship:

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

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

Hours per week:

From (date): To (date): Length:

Verified Hours = Factor x Years x Points =

BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

| ITEM | AGENCY/COMPANY | HOURS = FACTOR x YEARS x POINTS = | | | | | | | SCORE | VERIFIED | | |
|---------------------------------|-------------------------------|-----------------------------------|----|---|-----|---|----|---|-------|----------|------|---|
| A. | Banner Creek Deputy Registrar | # | NA | = | 1.0 | x | 70 | x | 50 | = | 6000 | X |
| B. | | # | NA | = | 1.0 | x | | x | 50 | = | | |
| C. | | # | NA | = | 1.0 | x | | x | 50 | = | | |
| Subtotal of 13-A, 13-B & 13-C = | | | | | | | | | | | | |

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

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

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

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

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

100

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

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

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

17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

100

PERSONAL EVALUATION

OK NO

18. Form 3.3 – Customer Service Experience

Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?

2

0

19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)

A. Are funds in acceptable financial institution and verified with bank/teller stamp?

0

*

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)

0

*

21. Form 3.6 – Personnel Policy Summary

Does proposer agree to provide/maintain a written personnel policy covering the following:

A. Hiring employees with deputy registrar agency experience?

B. Equal Employment Opportunity?

C. Employee training by the deputy registrar?

D. Participation in BMV provided training?

E. Evaluation of employee performance?

F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?

G. Progressive disciplinary steps?

H. Dress code with list of acceptable attire?

I. Dress code with list of unacceptable attire?

J. A policy for maintaining the professional appearance of all staff at all times?

K. Fringe benefits (beyond those required by law or contract)?

11

0

PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points)

28

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

Comments: _____

PERSONAL EVALUATION

OK NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:

- | | | |
|--|----|----|
| A. An electronic alarm system? (Mandatory) | 73 | * |
| B. Alarm system monitored 24 hours, off-site? (Mandatory) | | |
| C. Alarm system reports off-site if wires cut or tampered with? (Mandatory) | | |
| D. Adequate alarm monitored panic/hold-up buttons? (Mandatory) | | |
| E. Motion detectors connected to alarm system? (Mandatory) | | |
| F. Alarm monitored contacts on all exterior doors? (Mandatory) | | |
| G. Alarm monitored contacts on all exterior windows? (Mandatory) | | |
| H. Video recording camera surveillance system? (Mandatory) | | |
| I. Safe or secured locking cabinet? (Mandatory) | | |
| J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory) | | |
| K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory) | | |
| L. All doors and all windows will be securely locked when license agency is closed? (Mandatory) | | |
| M. Smoke, fire, and carbon monoxide detection devices (Mandatory)? | | |
| N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO | OK | NO |

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:

- | | | |
|---|---|---|
| A. Indoor/Outdoor maintenance and cleaning? | 0 | 0 |
| B. Prompt snow and ice removal? | 0 | 0 |
| C. Carpet and/or floor cleaning (if appropriate)? | 0 | 0 |
| D. Repainting? | 0 | 0 |

PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points)

17

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

Comments: _____

PERSONAL EVALUATION

OK NO

24. Form 3.9 – Involved and Invested in Your Business

| | | |
|---|---|---|
| 1. How do you plan to manage, be responsible, and be accountable for this business at all times? | 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? | 0 | 0 |
| 3. What measures will you put in place to detect, deter, and prevent fraud? | 0 | 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? | 0 | 0 |
| 6. How will you maintain a high level of professionalism each day in this business? | 0 | 0 |
| 7. How do you intend to recruit and retain high quality employees? | 0 | 0 |
| 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 | 0 |
| 10. What training or advice do you, or will you, give to your employees for dealing with irate customers? | 0 | 0 |
| 11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles? | 0 | 0 |
| 12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract? | 0 | 0 |

25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation

| | | |
|--|---|---|
| A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful ? | 0 | * |
| B. Is it the affidavit duly signed and notarized? | 0 | * |

26. Local Law Enforcement Report / Articles of Incorporation (AOI)

| | | |
|---|---|---|
| A. No disqualifying convictions for individual / AOI for nonprofit corporation? | 0 | * |
| B. No convictions (except minor traffic) / AOI for nonprofit corporation? | 0 | 0 |

27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation

| | | |
|--|---|---|
| No disqualifying convictions for individual / AOI for nonprofit corporation? | 0 | * |
|--|---|---|

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

OK | NO

OK | NO

| | | |
|--|---|---|
| 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?* | 0 | 0 |
| D. *No bankruptcy filed or trusteeship imposed for the past 36 months? | 3 | 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.

| | |
|---|---|
| 2 | 0 |
|---|---|

15

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

[illegible]

OPERATIONAL EVALUATION (2025)

Kimberly McDavitt
12-A / 25035
Clark County, Springfield
BMV Site

| FORM | DESCRIPTION | OK | NO |
|------|--|----|----|
| 4.0 | Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0) | ✓ | |
| 4.1 | Appointment of Agency Managers | | |
| | A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>20</u> | 5 | * |
| | B. Appointment of Manager and Assistant OR Acceptable Statement | 3 | 0 |
| 4.2 | Experienced Employees Summary | | |
| | Gave Acceptable Statement OR Provided Names | 2 | 0 |
| 4.3 | Staffing and Personnel Calculation | | |
| | A. Hours Recommended: <u>174</u> Proposed: <u>174</u> | 4 | * |
| | 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) | 1 | * |
| 4.4 | Start-Up Costs Calculation | | |
| | A. Adequate and Accurate Personnel Costs | 3 | 0 |
| | B. Adequate and Accurate Site Preparation Costs | 2 | 0 |
| | C. Adequate and Accurate Rental Payments | 2 | 0 |
| | D. Total Required: \$ <u>14,750.00</u> On Deposit (Form 3.4): \$ <u>15,000</u> | 5 | * |
| 4.5 | Deputy Registrar Contract | | |
| | A. Filled Out Completely and Properly | 2 | 0 |
| | B. Signed and Properly Notarized | 3 | 0 |

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments:

| Evaluators' signatures | Printed names | Date |
|-----------------------------|-------------------------|-----------------|
| (1) <u>Miles J. Brillib</u> | <u>Miles J. Brillib</u> | <u>02-27-25</u> |
| (2) _____ | _____ | _____ |

Operational Evaluation (2025)

DEPUTY REGISTRAR

REQUEST FOR PROPOSALS

2025 FORMS

AND

INSTRUCTIONS

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Kimberly K McDavitt

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 | | | COUNTY AUDITOR OR CLERK OF COURTS | | | NONPROFIT CORPORATION | | |
|---|---|-----|--|---|-----|---|---|-----|
| | ✓ | BMV | | ✓ | BMV | | ✓ | BMV |
| Form 3.0 Personal Checklist (this form) | ✓ | | Form 3.0 Personal Checklist (this form) | | | Form 3.0 Personal Checklist (this form) | | |
| Form 3.1 Personal Questionnaire | ✓ | | Form 3.1 Personal Questionnaire | | | Form 3.1 Personal Questionnaire | | |
| Form 3.2 Business and Employment Experience | ✓ | | Forms 3.2 Business and Employment Experience | | | Forms 3.2 Business and Employment Experience | | |
| Form 3.3 Customer Service Experience | ✓ | | Form 3.3 Customer Service Experience | | | Form 3.3 Customer Service Experience | | |
| Form 3.4 Start-Up Cost Funds on Deposit | ✓ | | N/A | X | 1 | Form 3.4 Start-Up Cost Funds on Deposit | | |
| Form 3.5 Political Contributions Report | ✓ | | N/A | X | 1 | Form 3.5 Political Contributions Report Nonprofit Corporation | | |
| N/A | X | 1 | N/A | X | 1 | Form 3.5 Political Contributions Report Chief Executive Officer | | |
| Form 3.6 Comprehensive Personnel Policy Agreement | ✓ | | Form 3.6 Comprehensive Personnel Policy Agreement | | | Form 3.6 Comprehensive Personnel Policy Agreement | | |
| Form 3.7 Security Plan Agreement | ✓ | | Form 3.7 Security Plan Agreement | | | Form 3.7 Security Plan Agreement | | |
| Form 3.8 Facility Maintenance Plan Agreement | ✓ | | Form 3.8 Facility Maintenance Plan Agreement | | | Form 3.8 Facility Maintenance Plan Agreement | | |
| Form 3.9 Involved and Invested in Your Business | ✓ | | Form 3.9 Involved and Invested in Your Business | | | Form 3.9 Involved and Invested in Your Business | | |
| Form 3.10(A) Affidavit of Individual | ✓ | | Form 3.10(B) Affidavit of Auditor or Clerk of Courts | | | Form 3.10(C) Affidavit of Nonprofit Corporation | | |
| 2025 Credit Report | ✓ | | N/A | X | 1 | 2025 Certificate of Good Standing | | |
| 2025 Local Law Enforcement Report | ✓ | | 2025 Local Law Enforcement Report | | | Articles of Incorporation | | |
| 2025 WebCheck Receipt | ✓ | | 2025 WebCheck Receipt | | | N/A | X | 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:

29-B

12-A

EXISTING
AGENCY
1st choice

Additional
agency

2. Full legal name of proposer Kimberly K McDavitt

3. Proposer's street address [REDACTED]

City [REDACTED]

State Ohio

Zip code 45434

4. County of residence (nonprofit corporation county of operation) Greene

5. Daytime telephone [REDACTED]

6. Proposer's driver's [REDACTED]

7. Spouse's name (nonprofit corporation N/A) [REDACTED]

8. Spouse's home street address (nonprofit corporation N/A) [REDACTED]

City [REDACTED]

State [REDACTED]

Zip code [REDACTED]

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

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



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

☐ The **Clerk of Courts** of _____ County;

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

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

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)

Yes _____ No ☒

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

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

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)

Yes _____ No ☒

B. If YES, what office? _____

13. A. Are you currently a deputy registrar?

Yes ☒ No _____

B. If YES, on what date does your contract expire? June 28, 2025

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?

No ☒ Yes _____

14. A. Is your spouse currently a deputy registrar? (NPC N/A)

Yes _____ No _____

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

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

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)

Yes ☒ No _____

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

| Name | Relationship | Same Household | | Contract Expires |
|-----------------|--------------|----------------|--|------------------|
| Drew M. Hoeinig | Son | Yes _____ | No <input checked="" type="checkbox"/> | June 26, 2027 |
| _____ | _____ | Yes _____ | No _____ | _____ |
| _____ | _____ | Yes _____ | No _____ | _____ |
| _____ | _____ | Yes _____ | No _____ | _____ |

16. A. To the best of your knowledge, will any member of your extended family submit a proposal in response to this RFP? (NPC N/A)

Yes _____ No ☒

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

| Name | Relationship | Same Household | |
|------|--------------|----------------|----|
| | | Yes | No |
| | | Yes | No |
| | | Yes | No |
| | | Yes | No |

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (NPC N/A)

Yes _____ No ☒

B. If YES, list their name, relationship to you, and the date they became so employed:

| Name | Relationship | Employment Date |
|------|--------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

18. A. Have you completed the Political Contributions Report, Form 3.5?
(NPC must submit one for NPC itself and one for its C.E.O.)

No _____ Yes ☒

B. If "NO," are you applying as a Clerk of Courts or County Auditor? No _____ Yes _____

19. A. Are you an employee of the State of Ohio? (NPC N/A)

Yes _____ No ☒

B. If "YES," will you resign, if appointed?

No _____ Yes _____

20. Are you an insurance company agent, writing automobile insurance?
(NPC N/A)

Yes _____ No ☒

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

Yes _____ No ☒

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

Yes _____ No ☒

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

No _____ Yes ☒

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

No _____ Yes ☒

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma?

No _____ Yes ☒

High school name Houston High School

City Houston State Ohio Zip 45433

College name Edison Community College

City Piqua State Ohio Zip 45356

Major Business/Marketing Degree awarded 1980

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

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

No _____ Yes ☒

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

I have almost 20 years of experience in BASS....been involve with BASS since its conception.

I am well versed in the Microsoft Office Suite, including Word, Excel and Power Point.

I have used different e-mail platforms including G-mail, Outlook, Yahoo mail and AOL mail over the last 20 plus years.

I am experienced in Quick Books and Peachtree accounting software.

I have also worked on PC's, laptops, I-pads and microsoft surfaces.

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.

[Redacted area for reference information]

List any special instructions for contacting this person during business hours:
Call and leave message and she will call back

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

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE
FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE
FORM 3.2(C) EMPLOYEE EXPERIENCE

Instructions

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience. Be sure to include as much detailed experience possible within the submitted professional resume.

Nonprofit corporations must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fundraising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

Form 3.2(A) Business Ownership Experience. Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

Form 3.2(B) Management and/or Supervisory Experience. Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

Form 3.2(C) Employee Experience. Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

Instructions. Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business owned. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly K McDavitt Company name Beavercreek Dep. Reg.
Company address 1221 Meadow Bridge Ste B City Beavercreek
State Ohio Zip 45434 Telephone (937) 425-8205
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services DL and Vehicle Registration

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 36
3. Dates you operated this business: From: month 7 year 2005 To: month Present year
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage?
8. Have you ever developed a comprehensive business plan? No Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

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 Kimberly K McDavitt Company name Countryside Nursery and Greenhouse
Company address 11234 Schenk Rd City Sidney
State Ohio Zip 45365 Telephone () No longer in use
Type of business (deputy registrar, retail grocery, etc.) Retail and Wholesale of plants and hardwoods.

Company's products and/or services Plants, annuals, hanging basket, special orders, mixed pots and shrubs and trees.

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 30-60
3. Dates you operated this business: From: month 3 year 1990 To: month 6 year 2001
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
If you answered yes to question number 6, how many employees do/did you manage? 6-8
8. Have you ever developed a comprehensive business plan? No Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

[REDACTED]

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

Instructions. Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

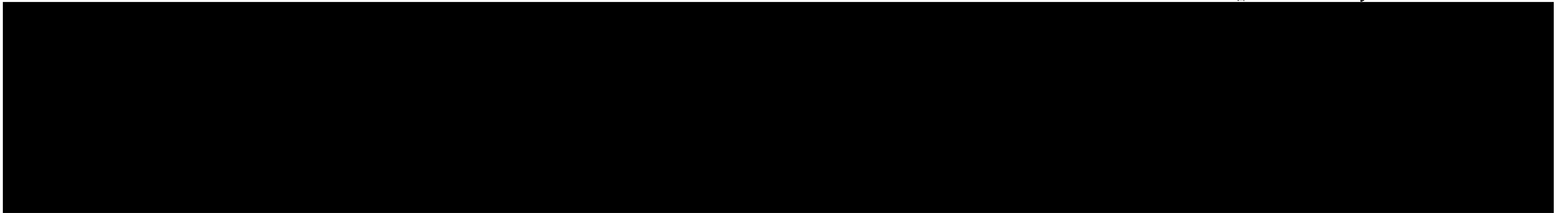
Proposer's name Kimberly K McDavitt Company name Shelby County AAA/BMV
Company address 1000 Milligan Ct Ste 100 City Sidney
State Ohio Zip 45365 Telephone (937) 497-8247
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Office Mgr including supervision of employees, scheduling, running office since Deputy Registrar not physically present

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 42
2. Dates this position was held: From: month 8 year 2000 To: month 6 year 2005
3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
4. Do/did you directly manage/supervise employees on a daily basis? No Yes ✓
If you answered yes to question number 4, how many employees do/did you manage? 7-9
5. Have you ever developed a comprehensive business plan? No Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)



_____ () _____

3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly K McDavitt Company name Shelby County Christia Academy
Company address 2151 Russel Rd City Sidney
State Ohio Zip 45365 Telephone (937) 492-7556
Type of business (deputy registrar, retail grocery, etc.) School

EMPLOYEE - Job title: Coach high School Boys Basketball and Soccer
Hours worked weekly 30-60 Job duties Coaching and developing game plans, developing a program, and teaching life lessons through sports.

Dates of this employment: From: month 5 year 1990 To: month 5 year 2005

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

Making sure the boys represented the program and the school in a respectful postive
way. Developing a soccer program from scratch and going on to win a state title.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

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):

Improving customer service is ever evolving. To keep customers happy and coming back we do customer service training 2-3 times a year. This keeps my employees engaged in customer service and allows them to interact with the customers with more confidence. Which in turns gives the customer faith in us.

I keep my clerks informed of all changes and updates so they stay informed and can answer questions quickly and precise. I also make sure they are welled versed on where to find needed information, rather that be a broadcast or in the manual.

Customers, like to feel welcome and not just a number. I have a door person who interacts with customers from the minute they walk in. This makes it seem like a shorter wait time. My door person also checks documents and hands out forms to be filled out. So, the customer is busy even when they are waiting. So, once they get to the counter the transaction goes much faster with the forms are already filled out.

The door person also checks documents and interacts with the customer to help them find solutions if they need extra documentation.

Clerks are taught from day one to smile and treat customers with respect and they are the reason we are here.

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

Instructions You must report on the following page whether you and your immediate family together gave more than \$100.00 to any political party or to certain individual candidates during any one of the last three calendar years and so far this year.

"Immediate family" means you, a spouse residing with you, and any dependent children. You must add together all contributions you, your spouse, and your dependent children made to each separate party or each separate candidate during each calendar year.

"Political party" means each separate political party and includes any political action committee (PAC) and any "continuing association" which are connected to that political party. "Political party" includes all levels of that party, federal, state, county, and local.

"Candidate" includes both the candidate and any of that candidate's campaign committees. You must report only for candidates for the following offices: Ohio governor, attorney general, secretary of state, treasurer of state, auditor of state, state senator or state representative. You are not required to report any contributions to federal, county, local, or judicial candidates.

"More than \$100.00" means any amount exceeding \$100.00, starting with \$100.01. A contribution of exactly \$100.00 or less is acceptable. Contributions include the value of any "in-kind" contributions.

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

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

Name: **Kimberly K McDavitt**

Title (if officer of nonprofit corporation): _____

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

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

| RECIPIENT | JAN 1 - DEC 31 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 | | ✓ | | ✓ | | ✓ | | ✓ |
| Republican Party including PACs and Associations | | ✓ | | ✓ | | ✓ | | ✓ |
| Any other Party including PACs and Associations | | ✓ | | ✓ | | ✓ | | ✓ |
| Governor, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Attorney General, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Secretary of State, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Treasurer of State, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Auditor of State, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| State Senator, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| State Representative, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |

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 PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM) |
| LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL |
| PROGRESSIVE DISCIPLINARY ACTION |
| DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE |
| POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE |
| FRINGE BENEFITS |

3.7 SECURITY PLAN SUMMARY

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

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

Yes ☒ No ☐

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No _____ Yes ✓

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

I will be present at least 30 hours a week and always available for my staff and or the state of Ohio..I will continue to spot check my clerks cash drawers and do drops during the day. I have CCTV cameras that I can monitor from my phone or laptop. I have a open door policy so my clerks can come talk to me about concerns that may arise, Everything from deposits to daily transactions are double checked for accuracy and deception.

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?

I will continue to personally attend all meetings, round tables and fraud training sessions, and pass down those laws, rules and procedures to my employees to ensure all are on the same page and up to date on those changes. I will read and apply all broadcast and manual updates and each clerk will initial and date those updates and will be held responsible for those updates and changes.

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

Myself or management, will always be the in the office to check documents before they leave the office. Also, we will have staff meetings going over fraud detection and handling of fraudulent efforts. We do a double check on most transactions to prevent fraud within the office itself.

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 broadcast will be kept in a binder in the office, accessible to all, and all managers and employees will be required to read and understand them, signifying so with their initials and date. Major changes in policy and procedures, employees will be required to attend staff meetings to ensure new changes are followed. Problems arising from these changes will be handled on an individual basis as needed.

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

I will lead by example. I will be available to my employees, so they can ask questions or voice any concerns. I will not ask my employees to do anything that myself would not do. When changes occur, I will present them in a positive way so that employees understand that changes are vital and necessary for the functions of the agency.

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

I will require professional business attire during working hours, with a basic "dress code" for all employees. Employees will be required to be pleasant, knowledgeable and concise in their duties with the public-able to answer questions in a polite and clear way- so the customer leaves the agency with a good impression and the tools to get whatever they were missing. The Agency will be clean and free of clutter and tools needed to perform whatever transactions they are doing.

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

I have been using various resume services (Indeed). I personally interview each applicant that I select, normally this first interview is a phone interview. Once, all potential candidates are interviewed, I select a few to come in and have face to face interview with my management staff and myself and then as a team we choose the potential employee. All full- time employees have vacation and part time employees can earn vacation based on hours worked. They can earn bonuses and time off by going above and beyond what is normal. Employees are encouraged to come in and talk to me about any problems or any concerns. I always have an open-door policy.

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

I require two employees to close the office at the end of the work day, one to clean up, empty the trash, ect, while the second performs the end of day functions with receipts and money. The staff helps clean and keep equipment free of dust and dirt by coming in 15 minutes prior to opening. All employees will be assured that any work related issues will be handled expeditiously and fairly. All employees will be made aware of the locations of security/hold up alarms and camera locations and given training on what to do in the event of an emergency.

9. How would you deal with an irate customer?

By understanding it is not a personal attack on myself, employees or the office as much as frustration at the situation the customer is in. Always look them in the eye, keep a normal voice, empathy goes a long way with dealing with an upset customer. Try to give the customer choices to solve the situation and showing the way to proceed. Once they find you are willing to help, they calm down and we can solve the problem to everyone satisfaction.

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

As the first person who will experience the irate customer, my employees will need to be sure they know that it is not personal toward them as much as it is frustration toward a situation the customer can't control. Each employee will know the correct procedures to follow - through their ongoing training- and will maintain a calm expression and attitude while explaining the necessary steps to the customer. Eye contact, calm demeanor and willingness to explain are usually enough to calm the situation and enough to resolve it to everyone's satisfaction.

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

By going above and beyond those expectations realizing that they are the minimum standards set by the state of Ohio. I will be vested in the Agency and take pride in the appearance of the Agency itself and the demeanor and abilities of my employees, which will reflect upon the Agency as well as well as the Bureau and the State, while accomplishing the task assigned in as timely a manner as possible. I will be available to customer and employees to answer any questions, help with any problems and maintain an efficient and friendly atmosphere.

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

I have been a Deputy Registrar since 2005 and consistently score well above average in my evaluations. I have had very few chargeable incidents in the past 20 years. I have implemented new policies and procedural changes within the Agency that have improved customer relations as well as decreased customer wait time. I am always willing to try new ideas and technologies to improve upon this. I try to be creative to keep my employee turnover to a minimal, which in turn keeps familiar faces to the public and also helps keep our wait time down. And in closing I always strive to be the best and for agency to one of the best.

3.10(A) AFFIDAVIT OF INDIVIDUAL

(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of _____ :

State of Ohio _____ :

I, Kimberly K McDavitt, being first duly sworn, depose and say that:

- 1) 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;
- 2) 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,
- 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: Kimberly K McDavitt

Printed/typed name of proposer: Kimberly K. McDavitt

Sworn to and subscribed in my presence by the above named Kimberly K. McDavitt

on this 23 day of January, 2025

Lisa L. [Signature]
Notary Public

Printed name of Notary Public: Lisa L. [Signature]

My commission expires: Jun 4, 2025

DEPUTY REGISTRAR
REQUEST FOR PROPOSALS

SECTION 4

(2025)

OPERATIONAL FORMS

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Kimberly K McDavitt

Location Number 12-A

Proposer Number (BMV use only)

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

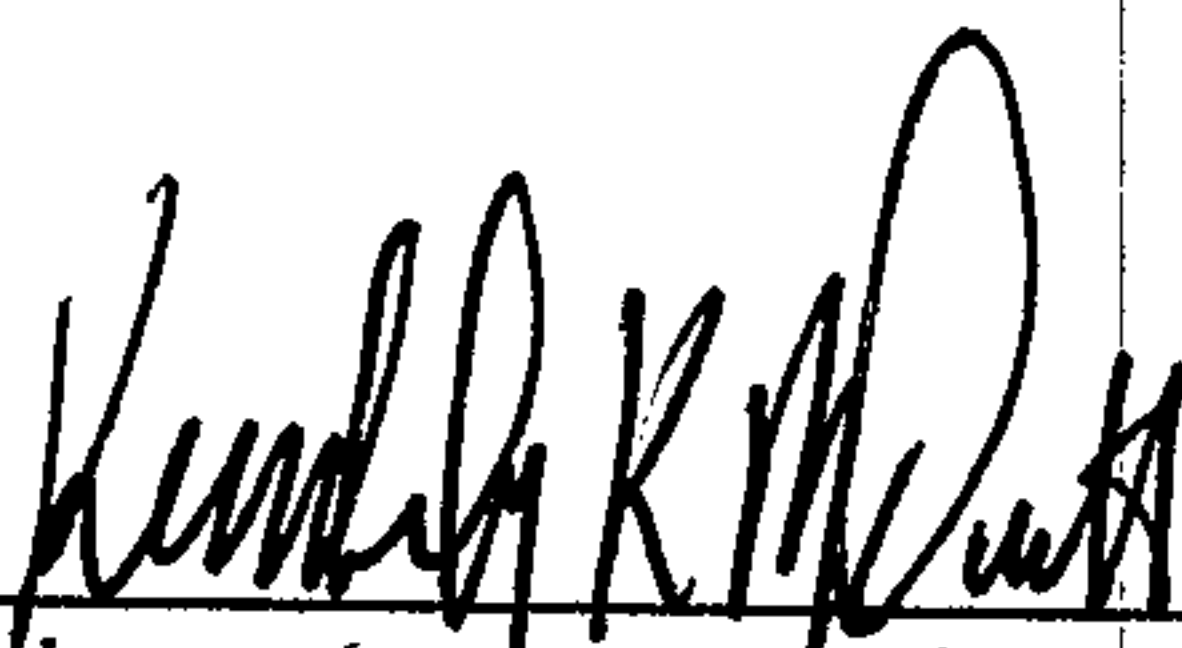
| FORM | DESCRIPTION | X | BMV |
|------|---|---|-----|
| 4.0 | Operational Checklist (this form) | ✓ | |
| 4.1 | Appointment of Agency Managers | ✓ | |
| 4.2 | Experienced Employees Summary | ✓ | |
| 4.3 | Staffing and Personnel Costs Calculation | ✓ | |
| 4.4 | Start-Up Costs Calculation Amount: \$ 15,000.00 | ✓ | |
| 4.5 | Deputy Registrar Contract (2 pages only) | ✓ | |
| | | | |

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Kimberly K McDavitt

Location number: 12-A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 20 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- ☐ Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- ☒ Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.


Deputy registrar (proposer) signature

Date: 01/23/2025

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Kimberly K McDavott

Location number: 12-A

(A) HIRING EXPERIENCED EMPLOYEES. I certify that if I am appointed as a deputy registrar under contract with the Registrar of Motor Vehicles, I will make every good faith effort to hire and retain qualified employees who have relevant experience working in a deputy registrar agency. I agree to make bona fide offers of employment at comparable wages and under comparable conditions to their most recent deputy registrar employment experience.

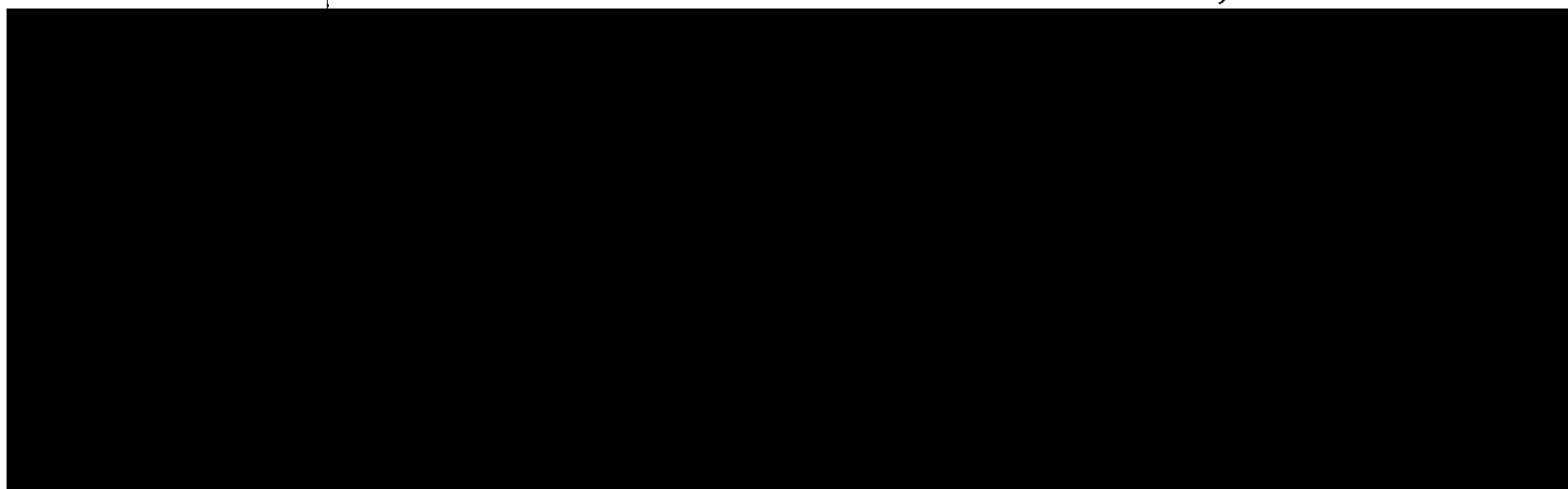
(B) CHECK WHICHEVER APPLIES:

☐

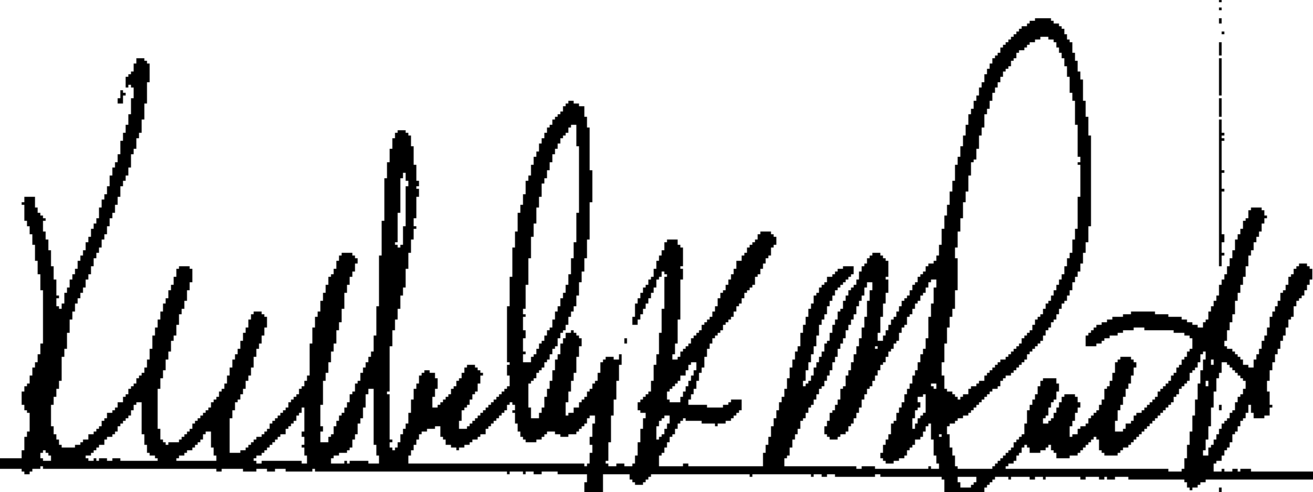
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant experience working in a deputy registrar agency. **Please do not contact any deputy registrar employees until after you have been awarded a contract.**

☒

I AM OR HAVE BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have identified the following persons to whom I will make a bona fide offer of employment at comparable wages and under comparable conditions to their present employment. (A deputy registrar or a proposer who has deputy registrar employment experience may list himself or herself here):



(C) I understand that failure to hire properly qualified and experienced deputy registrar employees is grounds to withhold or terminate my deputy registrar contract.


Deputy registrar (proposer) signature

Date: 1/23/2025

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Kimberly K McDavitt

Location number: 12-A

Instructions. Use this form to project the number of hours the deputy registrar, office manager, assistant office manager, and all other experienced (if known) and/or new hire employees will work, the projected hourly wages paid, and the weekly and monthly payroll costs.

The deputy registrar shall be regularly scheduled and on duty at the license agency at least twenty (20) hours per week, during regular business hours. This twenty-hour requirement does not apply to nonprofit corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

The projected total weekly work hours for the deputy registrar and all employees should equal or exceed the minimum staffing recommended for the Class Size Agency as prescribed in the Agency Specifications.

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$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 | \$ 15.00 | \$ 540.00 | \$ 2,160.00 |
| Assistant Office Manager | | 36.00 | \$ 14.00 | \$ 504.00 | \$ 2,016.00 |
| Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u> | | 60.00 | \$ 13.00 | \$ 780.00 | \$ 3,120.00 |
| New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u> | | 22.00 | \$ 12.00 | \$ 264.00 | \$ 1,056.00 |
| TOTALS | | 174 | N/A | \$ 2,088.00 | \$ 8,352.00 |

4.4 START-UP COSTS CALCULATION

Proposer's name: Kimberly K McDavitt Location number: 12-A

The purpose of this form is to assure the BMV that you are financially able to cover the costs of beginning a deputy registrar business. We need to know that you have enough financial resources to cover your personnel, site preparation, and site rental costs.

1. PERSONNEL COSTS (FOUR WEEKS)

Use Form 4.3 to calculate four (4) weeks' personnel costs for this location.

\$ 8352.00

2. SITE PREPARATION COSTS (AMORTIZED)

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

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

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

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

\$

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

A. If this is a Deputy Provided Site, enter the actual amount you will pay to rent or lease this site.

B. If this is a BMV Controlled Site, enter the estimated rent listed in the Agency Specifications for this site. Do not change the amount listed.

One month's rent: \$ 2133.34 x 3 = \$ 6400.02

TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent]

\$ 14752.02

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2025

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Kimberly K McDAvitt

_____, (deputy registrar, herein) whose home mailing address is _____

(City) _____, Ohio (Zip) 45434

_____, to operate a deputy registrar agency, Location No. 12-A

_____, to be located as follows: in the State of Ohio, County of Clark

City/Village/Township (indicate which) City _____ of Springfield

Street address: 1109 North Bechtle Ave

(City) Springfield _____, Ohio (Zip) 45504

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

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

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

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

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:

Individual

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2025 Deputy Registrar Contract Terms and Conditions incorporated herein.

Kimberly K McDavitt
Deputy Registrar signature

1/23/2025
Date

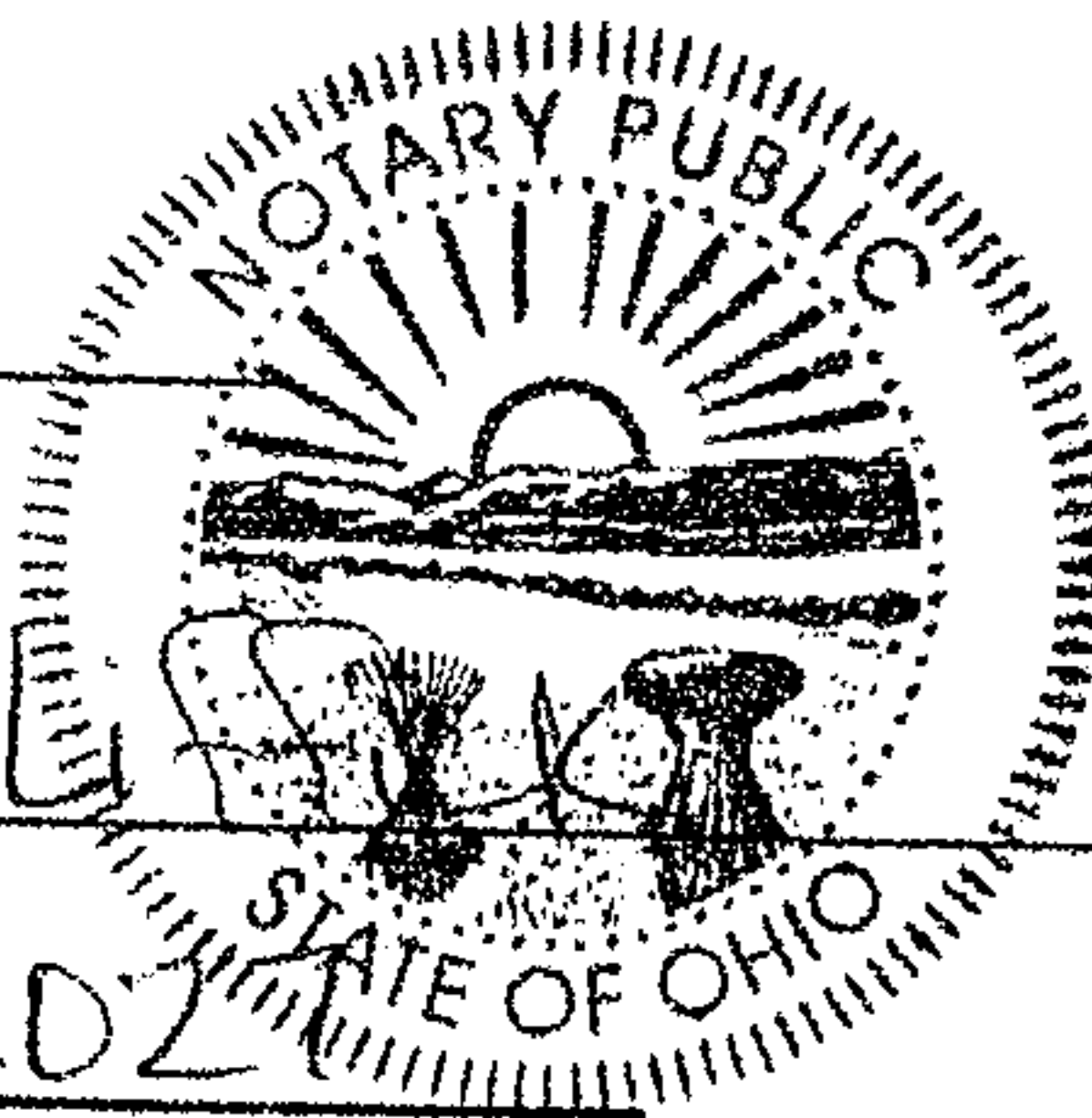
STATE OF OHIO

COUNTY OF Carene

Before me, a notary public in and for said county and state, personally appeared the above named Kimberly McDavitt, who acknowledged that he or she did sign the foregoing instrument and that the same is his or her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 23 day of January, 2025.

Lisa Liffick
NOTARY PUBLIC



Printed name of Notary Public: Lisa Liffick

My commission Expires: June 4, 2026

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY:

REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on
