

# PAYROLL COMPARISON – 2025

**Proposer Name: Odina Bargerhuff**

Evaluator Printed Name: Jeff Payne

## 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
	76.0					
Highest Rate	19.00					
Lowest Rate	15.00					
Number of Hours Recommended	201					
Number of Hours Proposed	186					
Total Monthly Wages	\$9952					

Comments:

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# PERSONAL EVALUATION (2025)

Odina Bargerhuff  
76-D / 25051  
Stark County, Canton  
3029 Cleveland Ave SW

Evaluation Team Number: \_\_\_\_\_  
Location(s) Proposed: (#1) 76-D \_\_\_\_\_  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  
**Verify** Proposer's Full Name: (#2) Odina Kathleen Bargerhuff  
Proposer's County of Residence (NPC Operation): (#4) \_\_\_\_\_  
**Verify** Proposer's Driver's License Number: (#6) \_\_\_\_\_  
Proposing as Minority: (#9) Yes \_\_\_\_\_ No ☒  
Proposing as: (#10) Individual ☒ Clerk of Courts \_\_\_\_\_ Co. Auditor \_\_\_\_\_ Nonprofit Corp. \_\_\_\_\_

## SCORING 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>22</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

**TOTAL POINTS** (Max. 258 Points): 253

Comments: No FBI background check, only RCI

### Evaluators' Signatures

### Evaluators' Printed Names

### Date

(1) <u>[Signature]</u>	<u>Jeff Payne</u>	<u>2/25/25</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: Rob Fragale at telephone ( ) N/A

Company: Bmv

Relationship: \_\_\_\_\_

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

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

Hours per week: 40

From (date): 6/20 To (date): 6/25 Length: 5 yrs

Verified Hours 40 = Factor 1.0 x Years 5 x Points 50 = 250

Person called: \_\_\_\_\_ at telephone ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Hours per week: \_\_\_\_\_

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_ Length: \_\_\_\_\_

Verified Hours \_\_\_\_\_ = Factor \_\_\_\_\_ x Years \_\_\_\_\_ x Points \_\_\_\_\_ = \_\_\_\_\_

Person called: \_\_\_\_\_ at telephone ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Hours per week: \_\_\_\_\_

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_ Length: \_\_\_\_\_

Verified Hours \_\_\_\_\_ = Factor \_\_\_\_\_ x Years \_\_\_\_\_ x Points \_\_\_\_\_ = \_\_\_\_\_

## BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

### 13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =							SCORE	VERIFIED		
A.	KCL Brothers LLC	#	NA	=	1.0	x	5	x	50	=	250	✓
B.		#	NA	=	1.0	x		x	50	=		
C.		#	NA	=	1.0	x		x	50	=		
Subtotal of 13-A, 13-B & 13-C =										250		

### 14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

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

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

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

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

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

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

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

### 17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

# PERSONAL EVALUATION

OK NO

## 18. Form 3.3 – Customer Service Experience

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

2 0

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

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

5 \*

B. Are funds in proposer's or proposer's business name or joint with spouse?

5 \*

## 20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)

Did proposer mark "NO" for every category, every year?

(For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)

5 \*

## 21. Form 3.6 – Personnel Policy Summary

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

A. Hiring employees with deputy registrar agency experience?

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)   | 13 | *  |
| B. Alarm system monitored 24 hours, off-site? (Mandatory)  |    |    |
| C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)                                |    |    |
| D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)   |    |    |
| E. Motion detectors connected to alarm system? (Mandatory)   |    |    |
| F. Alarm monitored contacts on all exterior doors? (Mandatory)   |    |    |
| G. Alarm monitored contacts on all exterior windows? (Mandatory)   |    |    |
| H. Video recording camera surveillance system? (Mandatory)   |    |    |
| I. Safe or secured locking cabinet? (Mandatory)  |    |    |
| J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory) |    |    |
| K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)                   |    |    |
| L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)            |    |    |
| M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?   |    |    |
| N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO                        | OK | 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)? | 4 | 0 |
| D. Repainting?                                    | 4 | 0 |

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

17

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PERSONAL EVALUATION

OK NO

## 24. Form 3.9 – Involved and Invested in Your Business

1. How do you plan to manage, be responsible, and be accountable for this business at all times?	(1)	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	(1)	0
3. What measures will you put in place to detect, deter, and prevent fraud?	(1)	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	(1)	0
5. How will you demonstrate good leadership to your employees?	(1)	0
6. How will you maintain a high level of professionalism each day in this business?	(1)	0
7. How do you intend to recruit and retain high quality employees?	(1)	0
8. How will you provide a safe, clean, and friendly place to do business?	(1)	0
9. How would you deal with an irate customer?	(1)	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	(1)	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	(1)	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	(1)	0

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

A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	(3)	*
B. Is it the affidavit duly signed and notarized?	(2)	*

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

A. No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	(2)	0

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

No disqualifying convictions for individual / AOI for nonprofit corporation?	5	(*)
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PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)

22

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?*	(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.

PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points) 15

[illegible]

# OPERATIONAL EVALUATION (2025)

Odina Bargerhuff  
76-D / 25051  
Stark County, Canton  
3029 Cleveland Ave SW

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u>	5	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement <b>OR</b> Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>201</u> Proposed: <u>186</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	<b>Start-Up Costs Calculation</b>		
	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>14,497</u> On Deposit (Form 3.4): \$ <u>27,352.46</u>	5	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 36

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

Comments: Proposed hours are lower than recommended

Evaluators' signatures	Printed names	Date
(1) <u>[Signature]</u>	<u>Jeff Payne</u>	<u>2/25/25</u>
(2) _____	_____	_____

Operational Evaluation (2025)

**DEPUTY REGISTRAR**

**REQUEST FOR PROPOSALS**

**2025 FORMS**

**AND**

**INSTRUCTIONS**

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Odina Kathleen Bargerhuff

Proposer Number (BMV use only) \_\_\_\_\_

**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original of these forms are required. Please submit via email in accordance with the RFP instructions.

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

76 D

2. Full legal name of proposer Odina Kathleen Bargerhuff
3. Proposer's street address [REDACTED]
- City [REDACTED] State Ohio Zip code 44662
4. County of residence (nonprofit corporation county of operation) Stark
5. Daytime telephone [REDACTED] Home telephone ( ) [REDACTED]
6. Proposer's driver's license number (nonprofit corporation N/A) [REDACTED]
7. Spouse's name (nonprofit corporation N/A) [REDACTED]
8. Spouse's home street address (nonprofit corporation N/A) [REDACTED]
- City [REDACTED] State Ohio Zip code 44662
9. Are you proposing as the owner of a minority business enterprise (MBE)? No ☒ Yes ☐
10. Proposer is (check one and follow instructions):

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

☐ **The Clerk of Courts of** \_\_\_\_\_ **County;**

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

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

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

Yes \_\_\_\_\_ No ☒

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

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

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

Yes \_\_\_\_\_ No ☒

B. If YES, what office? \_\_\_\_\_

13. A. Are you currently a deputy registrar?

Yes ☒ No \_\_\_\_\_

B. If YES, on what date does your contract expire? 06/20/2025

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
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____

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

Yes \_\_\_\_\_ No ☒

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

Name	Relationship	Same Household
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Yes ☐ No ☒

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

Name	Relationship	Employment Date

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

No ☐ Yes ☒

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

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

Yes ☐ No ☒

B. If "YES," will you resign, if appointed? No ☐ Yes ☐

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

No \_\_\_\_\_ Yes ☒

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

No \_\_\_\_\_ Yes ☒

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

High school diploma?

No \_\_\_\_\_ Yes ☒

High school name Perry High School

City Massillon State Ohio Zip 44646

College name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

College name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

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

No \_\_\_\_\_ Yes ☒

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

I have hands on experience using all of BMV computer equipment on a daily manner.

I also have experience and knowledge with word, Microsoft excel, Gmail, yahoo, and QuickBooks.

I use my Ohio gateway and email on a daily also.

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

A

B

C

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

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

**Instructions**

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

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

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

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

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

## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

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

Company's products and/or services Ohio Driver's License, State ID's, Vehicle Registrations, Out Of State Inspections, Watercraft License, Notary Service, Reinstatement Services Etc

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month 06 year 2020 To: month 06 year 2025
4. Is/was this business profitable? No        Yes ✓
5. Is/was this business your primary source of income and support? No        Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No        Yes ✓
7. Do/did you directly manage employees on a daily basis? No        Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 6
8. Have you ever developed a comprehensive business plan? No ✓ Yes

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

[REDACTED]

### 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

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

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

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 38+
2. Dates this position was held: From: month 01 year 2018 To: month 06 year 2020
3. Do/did you directly hire, evaluate, train, and discipline employees? No        Yes ✓
4. Do/did you directly manage/supervise employees on a daily basis? No        Yes ✓  
If you answered yes to question number 4, how many employees do/did you manage? 6
5. Have you ever developed a comprehensive business plan? No ✓ Yes

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

### 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

Proposer's name Odina Kathleen Bargerhuff Company name The Oasis/Regency Hotel

Company address No longer in business City Massillon

State Ohio Zip 44646 Telephone ( ) \_\_\_\_\_

Type of business (deputy registrar, retail grocery, etc.) Hotel-Bar-Restaurant

Management/supervisory duties Bar Manager, Front Desk Supervisor, Ordering, Pay Roll

Stock room, Deposits and Scheduling

MANAGER OR SUPERVISOR - Job title: Bar Manager-Front Desk Supervisor

1. Title of position Bar Manager-Front Desk Supervisor Hours worked weekly? 38+

2. Dates this position was held: From: month Jul year 1997 To: month Sept year 1999

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? 5

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.)

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### 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

Proposer's name Odina Kathleen Bargerhuff Company name Active Spine Center  
Company address 2716 Cleveland Ave NW City Canton  
State Ohio Zip 44707 Telephone ( 330 ) 453-7800  
Type of business (deputy registrar, retail grocery, etc.) Chiropractor

Management/supervisory duties Billing, Patient Intake, Insurance Verification, Seminars, Rooming Patients  
Therapies and Scheduling

MANAGER OR SUPERVISOR - Job title: Billing Manager

1. Title of position Billing Manager Hours worked weekly? 40
2. Dates this position was held: From: month Aug year 2008 To: month Aug year 2010
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? 0
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.)

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### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Odina Kathleen Bargerhuff Company name Walmart  
Company address Massillon Market Place City Massillon  
State Ohio Zip 44646 Telephone ( 330 ) 834-0500  
Type of business (deputy registrar, retail grocery, etc.) Super Center

EMPLOYEE - Job title: Clerk  
Hours worked weekly 30 Job duties Build store from inside, build fixtures, stock,  
Inventory Control, Cashier, Quality Control

Dates of this employment: From: month Mar year 2000 To: month Sep year 2000

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

I made sure the displays and inventory I was working on looked the best and everything in its place.

I gave each customer that needed assistance everything I could.

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 Odina Kathleen Bargerhuff Company name Dr. Leiberman  
Company address 1340 Market Ave N St. 3 City Canton  
State Ohio Zip 44714 Telephone ( 330 ) 455-1011  
Type of business (deputy registrar, retail grocery, etc.) Optometris

EMPLOYEE - Job title: Clerk  
Hours worked weekly 40 Job duties Billing, Insurance verification, Rooming,  
Patient Scheduling, Basic Eye Exams, Eye Test, Checking Patients in and out, Frame fitting

Dates of this employment: From: month Aug year 2002 To: month Sep year 2003

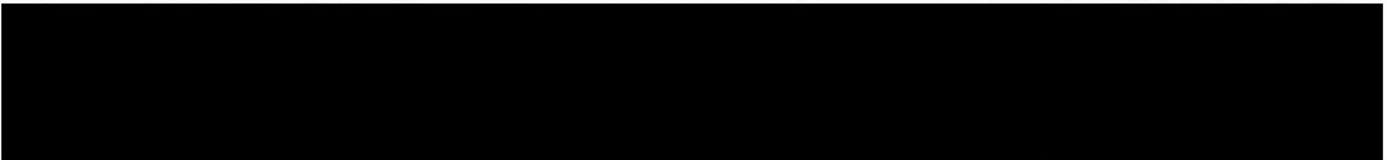
Describe how and to what extent **you provided high quality customer service** at this position:

I would check the patients in, room them, do basic eye exams and test. I would

go over their insurance coverage on their exams and glasses/contacts.

I would also fit them for their new frames.

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.)



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### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Odina Kathleen Bargerhuff Company name Perry Chiropratic  
Company address 4933 Tuscarwas St City Canton  
State Ohio Zip 44708 Telephone ( 330 ) 477-3036  
Type of business (deputy registrar, retail grocery, etc.) Chiroprator

EMPLOYEE - Job title: Front Desk Clerk

Hours worked weekly 36+ Job duties Patient in-take, insurance verification

Checking in and out, scheduling appointments, x-ray developing, therapies and billing

Dates of this employment: From: month Sep year 2003 To: month Aug year 2007

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

I would do what I could to make the patient comfortable and at ease in our office.

Talk with them regarding their rights and insurance coverages, the therapies we

offered and discuss the benefits of chiropractic care.

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 Odina Kathleen Bargerhuff Company name Pediatric Health Care  
Company address 2400Wales Ave NW #C City Massillon  
State Ohio Zip 44646 Telephone ( ) N/A Closed  
Type of business (deputy registrar, retail grocery, etc.) Pediatric Health Care

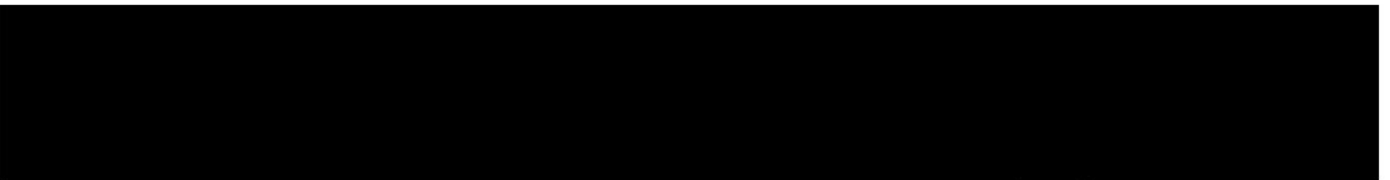
EMPLOYEE - Job title: Front Desk Clerk  
Hours worked weekly 40 Job duties Patient in-take, insurance veriication  
Checking in and out, scheduling appointments, billing

Dates of this employment: From: month Feb year 2013 To: month Oct year 2013

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

I would make the parents and child/children feel at ease at the office. I would  
go over their insurance coverage and help them understand their coverage. Schedule their appointments  
when it worked best for them. Take any co pays that needed to be paid and payments on any outstanding balance.

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.)



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### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Odina Kathleen Bargerhuff Company name Canton South License Agency  
Company address 3029 Cleveland Ave SW City Canton  
State Ohio Zip 44707 Telephone ( 330 ) 484-6488  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Counter Clerk  
Hours worked weekly 28 Job duties Renewing vehicle registrations, Driver's License,  
TIPICS, CDL, ID's, New Registrations, Placards, Specialty plates, Out of State  
Inspections, Salvage Inspections

Dates of this employment: From: month Nov year 2013 To: month Jan year 2014

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

I would greet customers with knidness and smile. I would take care of their BMV needs  
with promptness and accuracy. If I did not understand what was needed, I would ask for assistance.

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 Odina Kathleen Bargerhuff Company name Canton South License Agency  
Company address 3029 CLEVELAND Ave SW City Canton  
State Ohio Zip 44707 Telephone ( 330 ) 484-6488  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Counter Clerk

Hours worked weekly 28 Job duties Renewing vehicle registrations, Driver's License,  
TIPICS, CDL, ID's, New Registrations, Placards, Specialty plates, Out of State  
Inspections, Salvage Inspections

Dates of this employment: From: month Jan year 2014 To: month Aug year 2014

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

I would greet customers with knidness and smile. I would take care of their BMV needs

with promptness and accuracy. If I did not understand what was needed, I would ask for assistance.

I would go above and beyond for the customer to give them the best service I could.

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.)

  
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### 3.2(C) EMPLOYEE EXPERIENCE

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

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

EMPLOYEE - Job title: Asst. Manager  
Hours worked weekly 38+ Job duties Front Counter Duties, Customer Service,  
Ordering, Inventory, Record Mgt., Open/Closing Duties

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

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

Always show respect and kindness, Smile thru out the interaction, Don't argue with the customer

Go above and beyond

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

### 3.3 CUSTOMER SERVICE EXPERIENCE

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

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

I want my staff and I to represent the BMV in the highest manner of courteous, efficient, fast, friendly and professional attitude to the public.

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

Train my staff and any new employees to be aware and knowledgeable in all aspects of their job responsibilities.

Bring in the Passport Photo service option at our agency due to the Clerk of Courts being next door

Continue to do Watercraft Registrations

Verify that all my employees have a great personality and smile a lot

We did achieve the top 3 in The Best of The Best in Stark County for customer service in 2024, which is a huge win for an Ohio Bureau of Motor Vehicles. I will continue to serve with this behavior.

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

## 3.5 POLITICAL CONTRIBUTIONS REPORT

### Instructions

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

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

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

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

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

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

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

Name: \_\_\_\_\_

Title (if officer of nonprofit corporation): \_\_\_\_\_

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

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

RECIPIENT	JAN 1 - DEC 31 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

Canton South  
License Agency  
7616  
Personnel Policy and Procedures  
Handbook

## OUR MISSION

*The mission of this Deputy Registrar Agency is to carry out the duties bestowed upon us by the Bureau of Motor Vehicles, fulfilling the obligations set forth in the Motor Vehicle Laws of the State of Ohio.*

*We want you to have, as we have, pride in this Agency, our services, and the quality of our work. We vow to serve our customers as efficiently and effectively as possible, to provide convenient, professional and friendly service to all our customers. It is going to take a team of dedicated people to provide this type of quality service to the customers that we serve. We recognize that you and all our employees are the cornerstone of this Agency, thus, the following established policies are to aid you in understanding your job, and the "mission" of this Agency.*

*You should read, understand, and comply with all the provisions of this handbook.*

## **Purpose**

This employee handbook has been created to assist you with the transition into your new position as an employee of this Deputy Registrar Agency. It contains policies and procedures that you will be **REQUIRED** to follow during your employment here at this Agency.

This employee handbook is not all inclusive. There is a potential for situations to arise that may not be included in this handbook or require deviation from policies stated in this handbook. The Deputy Registrar reserves the right to make the final decisions when discrepancies in the interpretation and application of policies and procedures may occur. The Deputy Registrar also reserves the right to establish additional or discontinue policies and procedures at any time, with or without prior notice.

Employment with this Deputy Registrar Agency is not offered, contracted or promised for any specific length of time. Each employee is free to resign at will, at any time and for any reason. Similarly, the Deputy Registrar may terminate the employment relationship at will, at any time and for any reason.

As an employee of this Deputy Registrar Agency, you are required to read the entire handbook and comply with all policies and procedures stated within the handbook. Upon completing orientation and training on the policies and procedures, you will be required to sign the Acknowledgment Form attached to this handbook.

### **Equal Employment Opportunity**

In accordance with applicable local, state, and federal law, this Agency is a committed Equal Employment Opportunity Employer. In complying with this policy, this Agency provides applicants for employment opportunities to be recruited, hired, selected for training, transferred, upgraded, and granted privileges of employment, laid-off, demoted or discharged without regard to their race, color, religion, sex, citizenship, national origin, age, disability, genetic information or veteran status. Additionally, in compliance with the provisions of the Immigration Reform and Control Act of 1986, this Agency will not knowingly hire any non-employable aliens. Every employee is required to provide sufficient evidence of his/her identity and legal authority to work in the United States, prior to his/her employment with this Deputy Registrar Agency. This policy is based on both legal obligations and moral commitment. On behalf of this Agency, you have a responsibility to assist us in properly implementing this policy.

### **Courtesy and Service**

The first necessity of this Agency is that all employees shall adopt a friendly, courteous and service-like attitude. Our customers evaluate our employees and this Agency by the way and manner in which our employees service our customers. Employees shall share a commitment to serving the needs of our customers and they shall do it with enthusiasm. This Agency recognizes that our customers are not interruptions to our work; rather they are the purpose for it. We are not doing them a favor by serving them; they are doing us a favor by giving us an opportunity to serve them. Our main goal is to establish and maintain a clean and healthy business environment for all our Agency customers and employees, as well as to represent the State of Ohio, Bureau of Motor Vehicles, in the highest manner of courtesy and efficiency to the public. Be friendly, courteous and helpful to the best of your abilities. Remember that as you interact with the customers, YOU, for the moment, represent the State of Ohio Bureau of Motor Vehicles, and this Agency, as far as the customer is concerned.

The reputation of this Deputy Registrar Agency is IN YOUR HANDS. The manner in which you interact with our customers can either bring them back again, or it can quickly turn them against this Agency. If we fail to serve the customer well, even just once, the customer may decide to leave us, never to return to this Agency. You have EVERYTHING to gain by being friendly, courteous, and helpful to all of our customers.

### **Training Policy and Probationary Policy**

New employees will be hired on a 60-day probationary basis. The probationary period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. During this period, every effort will be made by the Deputy Registrar, Office Manager, or Assistant Office Manager to orient employees to his/her job and to the Agency process.

The Agency uses this period to evaluate employee capabilities, work habits and overall performance, while emphasizing the proper way to handle customer situations (customer service) so that all employees are equipped to serve our customers. Major emphasis during training will be placed upon how to treat a customer, especially in light of how you would like to be treated, if you were on the other side of the counter.

During training employees will learn how to deal with the proper way to handle customer complaints. Employees should make every attempt to assist a customer with a complaint to the best of their ability. A complaint is an opportunity for employees to show customers that they do care about what problems the customer might have. Successfully assisting a customer with a complaint is a way to potentially make the customer loyal to this Deputy Registrar Agency. Customers always remember employees who make every attempt to help them resolve their problems.

During training, the probationary employee will receive a "Probationary Employee Training Guide Sheet" which lists all types of Vehicle Registration, Driver's License and State of Ohio Identification card transactions which they will be expected to become familiar with. The Deputy Registrar, Office Manager, or Assistant Office Manager will do a weekly review with the trainee, and will sign and date the sheet when they feel the trainee has mastered that particular area. This sheet will become part of the employee's permanent file and will be referred to during the Probationary review.

This Agency has adopted policies to encourage and provide appropriate training and development opportunities for employees to assist them in improving their current job performances and increasing potential for promotions within the Agency. In order to comply with this policy a mandatory staff meeting will be held once a month (Time and date to be determined by Deputy Registrar).

Additionally, the Deputy Registrar and the employees of the Deputy Registrar shall attend all training sessions as prescribed by the Registrar of the Bureau of Motor Vehicles, with all travel and meals to be provided by the Deputy Registrar.

Prior to the conclusion of the 60-day probationary period, each employee's work record and general adaptability to the Agency's policies will be reviewed. This review will be conducted by the Deputy Registrar to determine whether or not continued employment will be satisfactory to both the Agency and the employee. If the Deputy Registrar determines that the employee's performance does not meet the standards set forth by the Agency, and that continued employment would not be beneficial to both parties involved, then the probationary employee will be given a notice of termination at that time.

## **Employee Evaluations**

At the conclusion of the 60-day probationary period, all “trainees” shall be evaluated. After the 60-day probationary period evaluation, employees will be required to have an annual evaluation, unless circumstances call for additional evaluations. All employee evaluations will be conducted by the Deputy Registrar and shall pay particular attention to the following areas:

1. **Honesty**- Is truthful, genuine, reputable, credible, upright, and conscientious
2. **Productivity**-Has the ability to plan ahead. Lays out work to make the most efficient use of materials and equipment. Works well without supervision.
3. **Work Quality**-Performs accurate and thorough work. Efficiently utilizes time and resources available. Is quick to grasp and interpret instructions, new situations, methods and procedures.
4. **Work Consistency**-Logically analyzes assigned tasks. Gathers appropriate facts and determines proper course of action. Has clear understanding of job priorities.
5. **Skills**- Understands all phases of work and related matters. Remains current with developments and changes. Utilizes the BMV manual and refers to the news and broadcast messages.
6. **Enthusiasm**-Provides upbeat and courteous customer service. Ambitious and represents the Agency well.
7. **Attitude**-Is positive, motivated and upbeat and shows a genuine interest in work.
8. **Cooperation**-Cooperates with supervisors and other staff members to the job done smoothly and efficiently.
9. **Initiative**-Proceeds voluntarily and makes recommendations. Takes responsible steps to identify problems and develop solutions. Exercises independent action and discretion. Ability to organize and develop ideas to get things started.
10. **Work Relations**-Demonstrates ability to efficiently communicate and maintain good working relationships with others. Maintains atmosphere of easy accessibility.
11. **Attendance**-Does not call off excessively for work, is not repeatedly late or repeatedly leaves work early.
12. **Punctuality**-Meets objectives and deadlines
13. **Dependability**-Demonstrates reliability in following through on assignments and instructions. Completes work promptly.
14. **Appearance**-Dresses according to job requirements.

Upon the completion of each evaluation, every employee shall receive a copy of his/her evaluation and will be asked to sign it. Any questions that the employee may have about the evaluation may be discussed with the Deputy Registrar at that time. A copy of the signed evaluation will be placed into the employee’s file. The employee may select to have a private session to discuss the evaluation with the Deputy Registrar should the need to do so arise.

## **Absence/Sick**

The Deputy Registrar recognizes that there may come a time that employees will be unable to report to work, due to illness or extreme emergency. If an employee is unable to report to work for their scheduled shift, it is the employee's responsibility to IMMEDIATELY notify the Deputy Registrar or Office Manager. Employees should make every attempt to notify the Deputy Registrar two (2) hours prior to the start of the scheduled shift so that a replacement for your job position can be made for that day. The Agency telephone number is (330) 484-6488. My cell phone number is 330-280-7741. If for any reason you would fail to reach me at any of these numbers, please leave me a voicemail or send me a text on my cell phone.

Should you unexpectedly find that you will be absent or tardy, or it is necessary for you to leave during the workday advance notice MUST be given to the Deputy Registrar or Office Manager so that proper coverage of your job assignment can be obtained.

Arrangements must be made in advance, with the Deputy Registrar or Office Manager, if it is necessary for you to be absent so that proper arrangements to cover your shift can be made. (Vacations, Non-life threatening hospitalizations, Doctor's apt., etc.)

Employees who are absent from work for two days or longer, are required to obtain a physician's statement before returning to work. The physician's statement must indicate that the employee is ready to resume his/her regular duties.

## **Attendance/Tardiness**

Employee Schedules are posted by the Deputy Registrar no later than two (2) weeks in advance for the following two (2) weeks. This schedule is necessary to cover the needs of this Agency and all employees will be expected to adhere strictly to it. All schedules are subject to change with prior approval by the Deputy Registrar.

All employees of this Deputy Registrar Agency are expected to begin and end work on schedule. Accordingly, arriving later or leaving early in connection with the scheduled work times, breaks or lunch periods is impermissible. Employees are expected to be at their individual stations and ready to work at their designated start time. The same rule applies to quitting time.

Employees who are tardy will have their pay reduced and be disciplined according with the Agency's policy on tardiness. Working through the lunch hour is not acceptable in place of tardiness. Under this policy, tardiness shall be charged in fifteen (15) minute increments for the purpose of pay reduction. The schedule is as follows:

1-15 minutes late.....	15 minute reduction
16-31 minutes late.....	30 minute reduction
32-47 minutes late.....	45 minute reduction
48-60 minutes late.....	60 minute reduction

Any employee who is tardy more than two times in a 90 day period will be subject to the following discipline: (It is important to note that the 90-day period begins with the first tardiness)

- |   |                            |
|---|----------------------------|
| 1. First Offense (3 <sup>rd</sup> Tardiness)  | Instruction and Cautioning |
| 2. Second Offense (4 <sup>th</sup> Tardiness) | Written Reprimand          |
| 3. Third Offense (5 <sup>th</sup> Tardiness)  | Three Days Off WITHOUT PAY |
| 4. Fourth Offense (6 <sup>th</sup> Tardiness) | One-Week Off WITHOUT PAY   |
| 5. Fifth Offense (7 <sup>th</sup> Tardiness)  | Termination of Employment  |

Hours of work, breaks, and lunches are subject to change depending on the workload priorities, operational changes, etc. Employees are required to observe the schedules established by the Deputy Registrar.

### **Personnel Appearance and Cleanliness (Dress Code)**

Employees are expected to dress in a manner befitting to their job descriptions. Thus, all clothing worn by employees during regular business hours must be clean, in good repair, not faded, torn, ripped, or dragging on the floor. In order to assist employees on what is to be considered proper attire, the following dress code has been established for this Deputy Registrar Agency. All employees are expected to abide by the established dress code. Employees who fail to comply with the dress code policy can and will be subject to the disciplinary policy established by this Agency. The Deputy Registrar reserves the right to alter or change this dress code policy at any time without prior notice.

Nametags MUST be worn at all times while employees are working. Employee nametags will be provided to each employee by the Deputy Registrar.

The following dress code is required during regular business hours Monday through Friday. Female employees are permitted to wear dresses, jeans, (with no tears, holes or rips) jumpers, skirted or pant outfits, dress pants, crop/Capri pants, leggings, corduroy slacks, skorts or split skirts, sweaters, blouses, sweatshirts and blazers. All attire should adequately cover the body, allowing for modesty. Any type of dress or skirt must come to your fingertip length. Male employees may wear suits, trousers, colored denim slacks, jeans, (with no tears, holes, or rips) or slacks with dress shirts, turtleneck shirts, polo shirts, or sweaters. Appropriate shoes providing adequate support for the foot for the duties performed should be worn. No crocs are permitted unless it is for a special dress day.

On Saturdays only, this office will permit Agency employees to wear casual clothing, including jeans, tee shirts, and hoodies may be worn. The Deputy Registrar may designate occasional other dress down days.

The following examples of **unprofessional** and **unacceptable** attire will not be permitted to be worn by staff at the agency at any time. This list of **unprofessional** and **unacceptable** clothing items will apply to casual Saturday dress:

- A. Any lewd or revealing clothing that is designed in a way that is highly unusual or attention getting
- B. Loose fitting clothing that is any way revealing or could potentially be a safety hazard
- C. Sweaters, sweat shirts or T-shirts containing ads or sayings that others may find offensive
- D. Tube tops, halters, spaghetti straps, spaghetti strap sundresses, cut offs, shorts, short skirts, spandex pants, sweats, wind suits, or bibs are not acceptable
- E. Shoes with thongs, flip-flops, slippers, booties or footies are not acceptable
- F. Clothing of camouflage material
- G. Hats, caps or head scarves (except when worn for medically necessary or religious reasons) or hair rollers are not acceptable
- H. No political badges, stickers or buttons shall be worn. Political shall mean advocating the election or defeat of a candidate or an issue, or promoting a position for or against a political party

If at any time, the Deputy Registrar or Office Manager believes that an employee has arrived to work with clothing or an appearance that is inappropriate and in violation of the dress code policy the Deputy Registrar or Office Manager will inform the employee that their attire is inappropriate. The Deputy Registrar reserves the right to ask any employee who is in violation of the dress code policy to leave the Agency and forfeit pay for the scheduled time not worked.

### **Working Conditions**

The Deputy Registrar recognizes the importance of making surroundings as comfortable and pleasant as possible. The Deputy Registrar will make every effort to keep the workplace safe and clean. Your cooperation in this regard is absolutely essential.

**Customer Service Areas:** Each employee is responsible for ensuring that their personal workstations are cleaned daily, this includes their terminals and keyboards. It is your responsibility to keep your area tidy and all forms in the proper drawers to facilitate efficient and professional service to our customers.

**Rest Rooms:** Please help this Agency maintain them in a neat and sanitary condition. Restroom conditions reflect Agency conditions, along with personal habits.

**Lunch Rooms:** All employees eating meals on the premises must use designated areas. **ABOSOLUTLY NO EATING IN CUSTOMER SERVICE AREAS!** Eating meals will not be permitted in any other areas within the Agency. Please feel free to utilize the equipment provided in the lunchroom. If you do use the equipment, please use them in a clean and safe manner.

**Smoking Is Prohibited in This Building,** for the health of our customers as well as employees. Employees who do smoke may smoke in the designated areas behind the Agency. **ABOSOLUTLY NO SMOKING IS PERMITTED IN FRONT OF THE AGENCY.**

### **Telephone Etiquette and Accessibility**

The Deputy Registrar understands that the need might arise where employees need to make a personal phone call. Employees should make every effort to limit all personal phone calls to be made during lunch or on break times. UNDER NO CIRCUMSTANCES SHOULD A PERSONAL PHONE CALL BE MADE OR RECEIVED IN THE CUSTOMER SERVICE AREA. If a personal phone call must be made, please use either your personal cell phone or a phone in the back office. DO NOT use the phones behind the customer service counter for personal use.

Remember that when answering a phone, customers can determine the mood that you are in based on the tone of your voice. When an employee answers a customer service counter phone, all employees must answer the phone: "CANTON SOUTH LICENSE AGENCY. (Your Name) SPEAKING. HOW MAY I HELP YOU?"

### **Use of Electronics (Cell phones, PDAs, Tablets, Laptops, etc.)**

This Deputy Registrar Agency recognizes that the possession and use of personal cell phones and other electronics (PDAs, Tablets, Laptops, etc.) has become commonplace. While at work, employees are expected to use discretion in using personal cell phones. Employees should make every attempt to minimize use of electronics to their breaks and lunch periods. At no time should an employee use their personal cell phones in the customer service areas. All use of personal cell phones and other electronics is to be conducted in the area restricted for employee use only.

### **Personal Property**

The Deputy Registrar and this Agency is NOT responsible for the loss of employee property brought onto the premises of this Agency. This Agency retains the right to search any Agency property under the control of the employees.

### **Lunch and Break Periods**

Lunch periods are to be a maximum of one (1) hour, and ALL employees must clock out at the beginning of their lunch break and clock back in when he/she returns to work. Lunch breaks ARE NOT PAID. There are NO SCHEDULED LUNCH PERIODS! Break periods are paid time, provided by the Agency for the well-being and enjoyment of its employees. Break periods are fifteen (15) minutes in duration for every four (4) hours of time worked.

### **Time Card Procedures**

Time cards must be filled in completely and neatly. All time cards must include: Full Name and Date of the week ending. Times are to be punched in when you begin and end your shift. You

must also punch out when you begin and end your lunch break. You are not required to punch in and out for your fifteen (15) minute breaks. All times punched, in or out, will be rounded to the nearest quarter of an hour. This Deputy Registrar Agency pays every two weeks, on Friday, two weeks in arrears.

### **Pay Policies and Pay Rules**

All employees of this Agency will be paid every other Friday for services performed through Saturday of the previous two-week period. Additionally any hours worked by an employee in excess of forty (40) hours per week shall be paid for at 1.5 times that employee's regular rate of pay. If any employee feels that a pay discrepancy has been made, it is their responsibility to inform the Deputy Registrar IMMEDIATELY. AT NO TIME will any employee of this Agency be paid less than the Federal Minimum Wage.

### **Overtime**

All time worked that is NOT on the schedule must be approved by the Deputy Registrar or Office Manager. Employees may be required to work overtime if the needs of the Agency demand that overtime occur in order to ensure that the Agency continue to operate efficiently. Overtime hours will be those hours worked in excess of forty (40) hours in one week. Any employee who works overtime will be compensated at a rate of 1.5 times his/her hourly rate of pay, in addition to his/her regular hourly rate of pay for regularly scheduled hours.

### **Personnel Files**

In order to keep this Agency running as efficiently as possible, the Deputy Registrar does maintain personnel files on all employees. These files include, but may not be limited to, individual employment data, payroll information, application forms, work schedules, evaluations, disciplines, commendations, etc. Unless otherwise provided by law, all information contained in personnel files shall be held confidential and will NOT be used for any purpose not related to the Deputy Registrar's management system.

### **Change of Status**

In order to keep this Deputy Registrar Agency operating as efficiently as possible, the Deputy Registrar must maintain accurate records. It is the employee's responsibility to IMMEDIATELY notify the Deputy Registrar or Office Manager of any of the following changes: Name, Address, Phone Number, Martial Status, Number of Dependents or Citizenship.

### **Employee Benefits**

The Deputy Registrar agrees to comply with all Federal, State, and Local laws in the conduct of this Agency. The Deputy Registrar accepts full responsibility for the payment of all unemployment compensation payments, Workers' Compensation payments, all income tax

deductions, and any and all other taxes or payroll deductions required for all employees engaged by the Deputy Registrar in the operation of this Agency.

All employees working for this Agency are covered by Workers' Compensation. You MUST file a written report immediately following the incident with the Deputy Registrar or Office Manager if an injury is sustained while on the job.

The following benefits are offered to all Agency employees (excluding employees who are still in their probation period of their employment):

**Vacations:** Employees shall receive vacation time on the employee's 1<sup>st</sup> anniversary hire date and annually on the employee's anniversary hire date. All vacation time must be used prior to the next anniversary date. Unused vacation time CANNOT be carried forward to the next year. Unused Vacation time CANNOT be converted into pay. If an employee quits without written notice, they will forfeit any vacation time they had coming. If an employee gives a written notice and does not work the final notice out, they forfeit any vacation time they had coming. If an employee calls off 2 or more days without a medical excuse and quits and/or does not return, they forfeit any vacation time they had coming.

Vacation hours will be paid on the regular scheduled pay period. For all full-time employees, they will be compensated seven (7) hours of paid vacation time per vacation requested for each vacation day. All part-time employees will be compensated for 3 (3) hours of paid vacation per vacation day requested. ALL requests for vacation time MUST BE in writing and submitted to the Deputy Registrar at least two (2) weeks prior to the requested dates. In the event that more than one employee makes a request for leave for the same dates or overlapping dates, the Deputy Registrar reserves the right to use discretion in making a decision on each request. All requests will be approved or denied in writing by the Deputy Registrar.

If you turn in a written 2-week notice and quit before the notice is complete or quit without notice and have vacation time coming to you, you will not be paid for that vacation time.

Full time Agency staff will receive paid vacation annually after the first year of service according to the following schedule

1-2 years of service.....	6 vacation days
3-5 years of service.....	8 vacation days
6 or more years of service.....	12 vacation days

All part-time employees will receive paid vacation annually after the first year of service according to the following schedule

1-2 years of service.....	20 hours of paid vacation
3 or more years of service.....	40 hours of paid vacation

**Paid Holidays:** Full time Agency staff will receive seven (7) hours of paid time for the Holidays listed below. In order to qualify as full-time, an employee must have worked their scheduled day before the holiday and their scheduled day after the holiday (excluding pre-planned vacations). All part-time employees will be compensated for holiday pay at 3 hours of pay if they work their scheduled day before the holiday and their scheduled day after the holiday. Employees will only receive holiday pay provided that they have not received a written reprimand in the previous ninety (90) days of employment.

New Year's Day.....	January 1 <sup>st</sup>
Martin Luther King Day.....	3 <sup>rd</sup> Monday of January
President's Day.....	3 <sup>rd</sup> Monday of February
Memorial Day.....	Last Monday of May
Juneteenth Day.....	June 19 <sup>th</sup>
Independence Day.....	July 4 <sup>th</sup>
Labor Day.....	1 <sup>st</sup> Monday in September
Columbus Day.....	2 <sup>nd</sup> Monday of October
Veterans Day.....	November 11 <sup>th</sup>
Thanksgiving Day.....	4 <sup>th</sup> Thursday in November
Christmas Day.....	December 25 <sup>th</sup>

**Bereavement Time:** Employees will be granted up to three (3) paid days off for the loss of a spouse, child, step-child, brother, sister, father, mother, father in-law, mother in-law, grandparent or grandchild.

If NEEDED, employees will be granted one (1) unpaid day off for the loss of an aunt, uncle, or cousin.

An employee must seek approval from the Deputy Registrar for any additional time off, which will be UNPAID.

**Military Leave or Annual Training Leave:** Service time and benefits for employees who are absent due to military leave shall be maintained in accordance with Federal law. Members of the Armed Forces Reserve or National Guard units who are required to participate in the two weeks of annual training will be granted a leave of absence provided proper documentation is received.

### **Rewarding Policy**

Employees of this Deputy Registrar Agency shall be compensated equitably and consistently, based on duties and responsibilities assigned. As job openings occur within this Agency, it shall

be the policy to promote from within the Agency, according to previous Deputy Registrar Agency experience, ability, and seniority.

A Quarterly Bonus (payable January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, and October 1<sup>st</sup> for the previous quarter) of \$50.00 per employee will be given to any employee who has had PERFECT ATTENDANCE for that quarter. The next 3 months they will receive \$100 if all the same requirements were met. Next 3 months it will be \$150 if all requirements were met. If you have no call off or non-approved early leave, any late days you can receive \$300. To be eligible employees must start work on time and must not leave earlier than scheduled. No call offs. Employees must also leave and return from lunch breaks on time

There is also a monthly bonus available to each employee if goals are met.

### **Confidentiality**

All employees, in course of their job responsibilities, acquire confidential information. Personal, financial, business, and other information is considered confidential. Employees MUST respect confidences by NOT revealing ANY information considered to be confidential, unless it is necessary to do so in the performance of their jobs. If at any time an employee is not sure about what is considered confidential, the employee must consult the Deputy Registrar IMMEDIATELY. **Unauthorized disclosure of confidential information is cause for IMMEDIATE TERMINATION of employment.**

All employees are to refrain from answering any inquiries made by any media outlet. Employees are to report any and all inquiries from the media to the Deputy Registrar or Office Manager immediately.

### **No Gifts or Tips to be Accepted**

In order for this Agency to avoid an appearance of impropriety, NO employee of this Agency; including full-time employees, part-time employees, Office Managers, and the Deputy Registrar shall accept any money tips, gifts, services, or anything of value for themselves, or exchanging anything of value whether on their behalf or where directed to their family members or friends from any of the customers whom they service at this Deputy Registrar Agency. ACCEPTING ANY TYPE OF GIFTS OR TIPS IS STRICTLY PROHIBITED!! Accepting gifts or tips is grounds for IMMEDIATE termination of employment. We are allowed to accept any type of food donation to be consumed by the employees.

### **Sexual Harassment and Other Discriminatory Harassment**

This Deputy Registrar Agency supports the right of all employees to work in an environment that is free of sexual and other discriminatory harassment. Sexual harassment and harassment on the

basis of race, color, religion, age, gender, disability, national origin, genetic information or veteran status, is **STRICTLY FORBIDDEN and WILL NOT BE TOLERATED!!**

Defining precisely what harassment consists of is not an easy task, and this policy should not be considered to be exclusive. Sexual harassment involves unwelcome conduct of a sexual nature in which:

1. Submission to such conduct is clearly stated or implied as being a term or condition of an individual's employment;
2. Submission to, or rejection of, such conduct by an individual is used as the basis for any employment decision affecting that individual; or
3. The existence of such conduct is sufficiently severe or pervasive to create an abusive or hostile working environment.

Examples include: offensive sexual flirtations; advances or propositions; continued or repeated verbal abuse of a sexual nature; graphic or degrading verbal comments about an individual or an individual's appearance; the display of sexually suggestive objects or pictures; or any other sexually offensive or abusive physical contact or gestures.

Such conduct, regardless of who commits it, is **PROHIBITED**. Anyone found to have engaged in sexual harassment will be subject to disciplinary action up to and including termination. Employees are likewise subject to discipline, up to and including termination, for any misconduct or harassing behavior directed towards vendors or residents of the company.

Other discriminatory harassment includes intimidation, ridicule, or insults that:

1. Unreasonably interferes with an individual's work performance;
2. Creates an abusive or hostile work environment; or
3. Otherwise adversely affects an individual's employment opportunities.

This type of discriminatory harassment applies to such conduct, which is based on an individual's race, color, religion, age, gender, disability, national origin, genetic information or veteran status. It includes actions such as repeated verbal abuse; the circulation of written material that demeans or exhibits hostility or dislike toward an individual or any of the aforementioned groups of persons; or inappropriate jokes or slurs. Such conduct likewise is prohibited and will subject the person engaging in it to disciplinary action up to and including termination.

All employees shall, also, be protected from retaliation from making a complaint or assisting in an investigation concerning allegations of harassment. Retaliations include disciplining, reassigning, lowering a performance appraisal or threatening or intimidating an employee because he/she complained about harassment or participated in an investigation concerning harassment. This type of retaliation is strictly prohibited.

ANY EMPLOYEE WHO FEELS THAT HE/SHE IS A VICTIM OF HARASSMENT OR RETALIATION SHOULD REPORT THE MATTER IMMEDIATELY TO THE DEPUTY REGISTRAR OR OFFICE MANAGERS.

ANY ALLEGATION OF SEXUAL HARASSMENT, WHETHER OR NOT THERE IS ANY FOUNDATION FOR THE ALLEGATIONS, WILL BE IMMEDIATELY REPORTED TO THE REGISTRAR.

### **Disciplinary Policy**

In order to minimize misunderstandings and prevent minor infractions from developing unchecked, into major problems, the Deputy Registrar enforces a clearly written disciplinary policy.

Whenever and wherever people work together, each person must conform to certain standards of reasonable conduct. This is true of this Agency, where the actions of one employee may adversely influence the job of another employee. Accordingly, an employee will be disciplined or discharged for proper cause, in order to protect the rights of others, and to encourage correct conduct and cooperation.

Each disciplinary incident is unique in its own way. The Deputy Registrar retains the right to deal individually with the merit of each disciplinary matter that may arise, without creating any precedents for the treatment of any other incidents, which may arise in the future. Examples given in any rule do not limit the generality of that rule. These rules and regulations are not to be construed as a limitation upon the rights of the Deputy Registrar, but are created as a guide to aid employees in understanding what type of behavior is prohibited as an employee of this Deputy Registrar Agency.

These rules and regulations provide standard penalties to apply for specific offenses. However, a more severe penalty may be issued than what appears in the standard procedure, should the Deputy Registrar feel that a more severe penalty be issued. The disciplinary policy of this Agency emphasizes a combination approach. The combination approach gives recognition to the impartiality of "uniform application" tempered with good judgment, without losing sight of the unique individual nature of each infraction.

When imposing any discipline action, the Deputy Registrar reserves the right to consider any and all prior discipline infractions that have occurred within the previous twelve (12) months.

In each case where the penalty deviates from the recommended standard penalty, the reason for such deviations will be noted.

### **Group 1 Offenses**

First Offense.....	Instruction and Cautioning
Second Offense.....	Written Reprimand
Third Offense.....	Three days off without pay
Fourth Offense.....	One week off without pay
Fifth Offense.....	Termination

**The following list of Group 1 Offenses is for illustration only and is not to be considered all inclusive.**

1. Discourteous treatment of the public
2. Failure to properly "report off" work for any absence
3. Failure to commence duties at the beginning of the work period, or leaving work prior to the end of the work period or excessive tardiness.
4. Leaving the job or work area during regular workings hours without authorization
5. Making preparations to leave work without prior authorization before the lunch period, or for any official break time, or before the specified quitting time.
6. Unauthorized absence from work.
7. Distracting the attention of others, or causing confusion by unnecessary shouting, demonstration or disruption on the job.
8. Malicious mischief, horseplay, wrestling or other undesirable conduct, including use of profane or abusive language.
9. Threatening, intimidating, coercing, or interfering with subordinates other employees.
10. Failure to cooperate with other employees as required by job duties
11. Dress code violations.
12. Failure to use responsible care of Agency property or equipment
13. Neglect or carelessness in observance of official safety rules, or disregard of common safety practices.
14. Failure to answer phone in a prompt and courteous manner.
15. Obliging the Deputy Registrar for any expenses, service or performance without authorization.
16. Failure to report as required: accident/ injury/ equipment/ damage.
17. Disregarding job duties by neglect of work.
18. Unsatisfactory work or failure to maintain required standards of performance.

### **Group 2 Offenses**

First Offense.....	Instruction and 2 or 3 days off without pay
Second Offense.....	10 or 15 days off without pay
Third Offense.....	Termination

**The following list of Group 2 Offenses is for illustration only and is not to be considered all inclusive.**

1. Sleeping during work hours
2. Reporting to work or working while unfit for duty
3. Conduct violating morality or common decency
4. The making or publishing of false, vicious, malicious, or misunderstanding statements concerning any employee, supervisor, the Deputy Registrar or the Agency's operation
5. Use of abusive or threatening language toward any supervisor

### **Group 3 Offenses**

First Offense.....Termination

**The following list of Group 3 Offenses is for illustration only and is not to be considered all inclusive.**

1. Malicious or willful neglect in the performance of assigned duties or in the care of any Agency property or equipment.
2. Abuse or deliberate destruction of any Agency property, equipment or property of others.
3. Signing or altering another employee's time card or unauthorized altering of his/her own time card.
4. Falsifying or destroying any Agency records; giving false information or withholding pertinent information called for in making application for employment.
5. Stealing or similar conduct, including destroying or concealment of any property of the Agency or of any employee.
6. Use of drugs of abuse (controlled substances as defined by law); the sale of drugs; abuse of non-scheduled drugs
7. Threatening, fighting, or attempting to injure another employee or supervisor
8. Drinking alcoholic beverages while on the job
9. Carrying or possession of firearms, explosives, or weapons on any Agency premises
10. Misuse or removal of any Agency records or information of any nature, or revealing such information without prior authorization.
11. Instigating, leading, or participating in any illegal walkout, strike, sit-down, stand-in, or refusal to return to work at the scheduled time for the scheduled shift.
12. Dishonesty or any dishonest action.
13. Insubordination by refusing to perform work assigned or to comply with written or verbal instruction of a supervisor that the employees may be expected to perform.  
INSUBORDINATION behaviors that fall under this category, but not limited to, are:
  - a. Actively challenging or criticizing a supervisor's order.
  - b. Interfering with management
  - c. Open disrespect toward a supervisor
  - d. Threats, coercion, or use of physical violence

- e. Abusive language or malicious statements
- f. Ignoring instructions

An accumulation of three warnings for violations of different rules will result in the following disciplinary action:

First Offense.....One week suspension without pay  
 Second Offense.....Termination

Any violation of the rules after the accumulation of two periods of suspension of violation of different rules will result in the following disciplinary actions:

First Offense.....Termination

### **Complaint Procedure**

The Deputy Registrar recognizes that from time to time employees may have questions and concerns regarding their jobs, working conditions, wages, benefits, and/or Agency policies and procedures. In order to encourage employees to express their concerns and to seek the resolution of any problems that may arise, this Agency has established an open-door complaint resolution policy.

The Deputy Registrar feels that prevention of complaints is as important as their proper handling. Complaints may arise from any number of smaller problems. The Deputy Registrar will make every attempt to eliminate any problems that may arise in the workplace. However, it is the responsibility of the employees to make the Deputy Registrar aware of any and all problems that may arise in the workplace.

### **Management Rights**

The Deputy Registrar retains all managerial and administrative rights conferred to inherently and by law. These rights include, but are not limited to, the right to exercise judgment in establishing and administering policies, practices, and procedures, and to make changes in them. The right to take whatever action is necessary, in the Deputy's judgment to operate the business, and the right to set standards of productivity and services to be rendered. The management of the business and the direction of the working forces, including, but not limited to, the responsibility to hire, promote, suspend, or discharge, and the responsibility to relieve employees from duty because of lack of work or other reasons, are vested exclusively in the Deputy Registrar. In addition, the Deputy Registrar has the right to amend, modify, or delete provisions of this handbook without prior notice, subject to any applicable statutes, rules and regulations of federal, state, or local law and the requirements of the Deputy Registrar contract and Deputy Registrar manual and directives of the Bureau of Motor Vehicles.

The failure of the Deputy Registrar to exercise any of her rights or prerogatives in a particular way shall not be considered as a waiver of her right to exercise that right in the future or to preclude it from exercising the right in some other way.

### **Resignations**

A minimum of two (2) full weeks' notice prior to the date of employment termination is required for all employee resignations. Only with the approval of the Deputy Registrar, may a shorter notice be acceptable.

### **Acknowledgement Form:**

I hereby acknowledge that I have received and read a copy of this Employee Handbook, which supersedes and replaces all prior published or unpublished employee policies previously established by this Agency. I understand that the purpose of this handbook is to provide employees of this Deputy Registrar Agency with general information regarding the policies and procedures that the Deputy Registrar has established. I understand that the Deputy Registrar will attempt in most cases to follow the policies and procedures stated within, but that neither this handbook, nor any provision of this handbook is to be considered an employment contract or any other type of contract.

I also understand that because of the nature of the Deputy Registrar operations and variations necessary to accommodate individual situations, the policies and procedures may not apply to every employee. I also understand and agree that the Deputy Registrar may change or modify these or any other Deputy Registrar Agency policies or procedures relating to employment matters from time to time as the Deputy Registrar considers necessary with their sole discretion without prior notice to me. I understand and agree that these policies and procedures are to be interpreted and applied by the Deputy Registrar in their sole discretion, whose decisions in this regard will be final. I understand that under no circumstances are the policies and procedures set out in this Employee handbook, or other communication to employees, promises by the Deputy Registrar that my employment will always be governed by them.

I understand and agree that my employment is for an indefinite term and is terminable at any time at the will of either the Deputy Registrar or myself for any reason. I understand that severance of this employment relationship at any time, by either party, for any reason not prohibited by law will not constitute a violation of any express or implied covenant. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by the Deputy Registrar and myself.

I SIGN MY SIGNATURE BELOW CITING THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND THAT I HAVE READ AND AGREE TO COMPLY WITH ALL POLICIES AND PROCEDURES STATED WITHIN THE EMPLOYEE HANDBOOK.

Date: \_\_\_\_\_

EMPLOYEE

SIGNATURE \_\_\_\_\_

EMPLOYEE PRINTED

NAME \_\_\_\_\_

(Please detach and return to the Deputy Registrar)

## Employee Training Check-List – Vehicle Registrations

Each inexperienced employee is required to be trained in all of the areas listed below. The trainer should date the form, each time the employee completes the assigned transaction. A copy of this form will be retained in the prospective employees file.

DATE: \_\_\_\_\_

TRAINEE: \_\_\_\_\_

AGENCY # \_\_\_\_\_

TRAINER: \_\_\_\_\_

	Date	Date	Date	Date	Date
VEHICLE REGISTRATIONS					
Passenger Car					
Non-Comm Trucks					
Motor Homes					
House Vehicles					
Non-Comm TLS					
Motorcycle					
Moped					
Commercial Truck					
Commercial Trailer					
Commercial Bus					
Snowmobile/APV					
Farm Truck					
30 Day Tag					
Replacement plates					
Renewals					
Conversions					
Exchanges					
Duplicates					
Transfers					
Reversals					
Voids/Reprints					
Permanent Window Placard					
Temp. Window Placard					
Biennial registrations					
Staggered commercial tks.					
FAMILY plates					
Personalized plates					
Initial plates					
Amateur Radio plates					
Special interest plts (list type)					
APV Stickers					
OUT OF STATE INSPECT.					
SALCAGE INSP. RECPTS.					

	Date	Date	Date	Date	Date
DRIVERS/I.D. TRANS.					
Operator Renewal/Complaint					
Operator Original/Compliant					
Operator Temp packet/Compliant					
Motorcycle Original					
Motorcycle Renewal					
Motorcycle Temp.					
CDL Temp packet					
CDL Original					
CDL Renewal					
I.D. Original/Compliant					
I.D. Temporary/Compliant					
Non-renewable/Non-transf					
Vision Testing					
Duplicate OI or ID					
Adding Endorsements					
Adding Restrictions					
Voids/Reprints					
Salvage Inspection Receipts					
CDL Test Receipts					
Voter Registrations					
Organ Donations					
S.O.S. Fund Donations					
2 <sup>nd</sup> Chance Trust Donations					
	Date	Date	Date	Date	Date
CUSTOMER SERVICE					
Greets customer properly					
Ends transaction properly					
Smiles a lot					
Handles complaint properly					
(Examples)					

### 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.

# **Canton South License Agency**

## **Security Plan**

### **Security Alarm System**

The Deputy Registrar shall maintain an electronic security system according to BMV standards for the duration of the contract. The security system shall be at the expense of the Deputy registrar and shall be the property of the Deputy Registrar. A description of the security system follows:

The security alarm system shall be monitored off-site by the security alarm company twenty-four (24) hrs. a day and seven (7) days a week, including weekends and holidays. The security alarm company will provide reports to show any activation or deactivation by person, and the time and location within the facility of any intrusion. The security alarm system will notify the security alarm company if, or when, the lines are cut, low batteries, or any power outages.

The security alarm system will include key fob panic alarms at all terminal sites, these will be the responsibility of the Deputy Registrar to maintain. There will be motion detectors at sufficient locations, including the inventory/storage room, to detect motion in all areas of the agency and for movement at any door on the premises. Alarm contacts are on all exterior doors, windows, the records room, and the inventory/supply rooms. All doors will be securely locked when the agency is closed.

The Deputy Registrar shall maintain instructions for operating the office security alarm system. Emergency phone numbers, including those of the security company, shall be posted in the employee work area, out of the view of the public.

Any employee who is granted responsibility to open and close the agency will be issued a unique security code. Security codes shall be maintained by the Deputy Registrar in a secure locked location at the agency. The Deputy Registrar may change the security codes at any time at his/her discretion.

### **CASH AND INVENTORY SECURITY**

Money will be deposited at the appointed bank each business day. Point of Sales cash drawers and chargeable items will be kept in the agency safe and locked when the safe is unattended or the agency is not open for business.

Inventory records shall be maintained for inventory items to ensure security of those items. Inventory items and items needing to be secured during non-business hours will be stored in a secure location located within the agency and not accessible to the public. Inventory and security code records will be maintained by the Deputy Registrar in a secure location onsite to which the Deputy Registrar and Office Management will have access.

### **SHREDDING OF MATERIAL**

One Crosscut shredder will be in the main work area for use by all clerks and customers. Additionally, one will be in the main office of the Deputy Registrar, if needed.

A locked dumpster will be maintained by the Deputy Registrar, for agency purposes only, to be picked up bi-weekly by the waste management company.

### 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 ☒

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

## Canton South License Agency

### Facility Maintenance

*The Deputy Registrar shall adopt an acceptable facility maintenance plan and shall be responsible for assuring the interior and exterior of the Deputy Registrar agency premises are always in a clean safe and attractive condition. The facility maintenance plan shall, at a minimum, ensure that any carpeting and flooring be professionally cleaned as needed and no less than once per year and that the walls be always maintained and be repainted or repaired as needed during the term of contract.*

#### Outdoor Area:

The outdoor building maintenance which includes keeping the area free of trash, debris and prompt snow and ice removal will be conducted either per the lease agreement, the Deputy Registrar, or a qualified contractor.

#### Inside the Agency:

The interior of the agency will be maintained by the Deputy Registrar and his/her employees no less than (5) times per week. This could include some services being performed by a contractor or the landlord depending on the need.

The floors will be swept daily and depending on the foot traffic this will be done more than once a day if needed. All counters and equipment will be dusted daily and will include maintaining the counter area in a neat and organized manner. The counters will be wiped down throughout the workday. All chairs in the customer area will be inspected daily and cleaned when needed. All chairs will be sprayed daily with sanitizer.

The lunch area will be maintained daily by the Deputy Registrar and the staff. No food is to be left out on the lunch table or in the area unless it is out for a special occasion. (Birthday, Holiday). Any leftover food will be disposed of properly and directly or placed in the refrigerator.

The restrooms will be cleaned once a week; this will include wiping down the fixtures, dusting, sweeping, mopping the floor and replenishing the supplies.

The Deputy Registrar will be responsible for maintaining her office in a clean, neat and organized manner.

All other areas will be cleaned and maintained by the Deputy Registrar and his/her employees.

Carpet Cleaning:

The carpet will be cleaned no less than once per year and on a needed basis. It will be cleaned professionally at the expense of the Deputy Registrar.

Painting of Agency:

The walls of the office will be maintained at all times by being cleaned and wiped down when needed. The walls will be painted or repaired as needed during the term of the contract.

### 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 play an integral role in the daily operations of the agency, encompassing not only management responsibilities but also hands-on tasks such as assisting at the counter, reviewing reports, managing scheduling, payroll, inventory, and banking. Additionally, I will maintain oversight of customer interactions and promptly address any issues that may arise.

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

All new employees will receive comprehensive training facilitated by the Deputy Registrar, Office Manager, Assistant Office Manager, or Supervisor. The training process will follow the guidelines outlined in the new employee checklist within the personal policy manual. I am committed to equipping employees with the necessary tools and resources to ensure accurate and efficient handling of all transactions. Furthermore, ongoing training will be prioritized for all staff members, including myself, to promote continuous development and operational excellence.

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

I will ensure that all employees complete comprehensive training on identifying fraudulent documents. I will provide thorough instruction on the use of fraud prevention tools, including fraud deterrent manuals, pens, and reference materials, as well as the location and proper handling of all security items. I will also maintain a robust security system featuring 24-hour monitoring and video surveillance with multiple cameras to record and document all activities for enhanced operational security.

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

Each broadcast will be printed and organized in a centralized location for employees to review. Employees will be required to initial or sign a designated page confirming they have read and understood the content. To reinforce understanding, I will conduct random reviews of the broadcasts with employees through question-and-answer sessions. Additionally, any relevant emails received will be printed, distributed to employees for review, and acknowledged with their initials. Follow-up discussions will be held to ensure clarity and address any questions.

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

I will continue to lead by example, maintaining a high level of integrity and holding myself to the highest standards to inspire both myself and my team. I will ensure that all tasks and expectations set for my staff are ones I am willing to perform or approve of personally. My goal is to consistently demonstrate and uphold the high standards that reflect not only our commitment to excellence but also the values and professionalism of the State of Ohio.

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

I will conduct myself with politeness, courtesy, conscientiousness, and professionalism in all aspects of my daily responsibilities. By adhering to the personal policy established for this agency, I will effectively train and educate my employees on the critical importance of professionalism and strong work ethics, ensuring these values are consistently reflected in the operations of the license agency.

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

I will utilize an employment resource to identify potential candidates and conduct professional interviews with prospective applicants who submit a qualified application and resume detailing their experience and skills. Applicants with prior BMV license agency experience will receive priority consideration. Interviews will be conducted by the Deputy Registrar and Office Manager, using standardized questions and available resources to ensure a thorough and consistent evaluation process.

All new hires will be required to complete a BCI/FBI background check, and they will not be assigned to active duty until the results are received and approved by the District 1 Field Office. New hires will be placed on a 60-day probationary period during which their performance will be closely monitored and evaluated.

To recognize and reward outstanding performance, employees who meet or exceed the standards of this location will be eligible for monthly and quarterly bonuses as an incentive for excellence and dedication.

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

All employees will be thoroughly trained to deliver exceptional customer service, ensuring that every customer is greeted with a smile and a warm, courteous welcome. The agency will be cleaned daily and maintained in excellent condition to provide a professional and inviting atmosphere. Security measures, including active video surveillance, will remain operational at all times to ensure the safety of both customers and staff. By fostering a clean, safe, and friendly environment, we will encourage customer loyalty and continued patronage.

9. How would you deal with an irate customer?

I will stay fully engaged with the situation, listen actively, and maintain a composed and professional demeanor at all times. It is crucial to maintain control of the situation, responding with patience and professionalism, and avoiding any frustration or anger toward the customer. I will ensure that all employees are adequately informed and empowered to interact with customers effectively, providing accurate responses and avoiding the use of phrases like "I don't know." I take full responsibility for any issues that arise and will act promptly to resolve them. In all interactions, I will approach with kindness, maintain a positive tone, and keep my voice calm and reassuring.

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

I will ensure that my employees are trained to prioritize the customer, making them feel valued and respected at all times. In the event of an irate customer, they will be equipped with the skills and knowledge from our customer service training to de-escalate the situation efficiently. I will encourage my employees to consistently demonstrate helpfulness, courtesy, and expertise, ensuring they are prepared to handle any scenario that arises. Regular reviews of customer interactions, along with additional training resources, will be conducted every few months to reinforce these principles. When challenges do arise, I will hold a feedback session with the employees involved to discuss the situation, providing guidance and support to help them feel more confident in handling future occurrences.

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

I will uphold the highest standards of service and leadership at this Deputy Registrar agency, ensuring exceptional customer service is consistently delivered. I am committed to adhering to all procedures, guidelines, and legal requirements established by the BMV, the Ohio Revised Code, and the Administrative Code. I will employ qualified individuals who are capable of effectively fulfilling the responsibilities of the license agency, with the expectation that they provide each customer with outstanding service and professionalism at all times.

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

I have been employed at this location since 2013, beginning as a clerk and advancing to the position of Deputy Registrar in 2020. I am committed to maintaining a strong work ethic and consistently exceeding the expectations associated with my role as Deputy Registrar.

Over the past 11½ years, the experience and knowledge I have gained at this BMV location have equipped me with the skills and qualities necessary to serve as a capable, friendly, motivated, professional, and confident leader.

This location was honored as the runner-up for "The Best in Stark County" for customer service, receiving both a plaque and a vinyl decal to display in our office. I am dedicated to continuing our pursuit of excellence for both Stark County and the State of Ohio.

### 3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Stark :

State of Ohio :

I, Odina K Bargerhuff, 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: 

Printed/typed name of proposer: Odina K Bargerhuff

Sworn to and subscribed in my presence by the above named Odina Bargerhuff

on this 31<sup>st</sup> day of January, 2025

  
Notary Public

Printed name of Notary Public: Jennifer Womack

My commission expires: 5-25-26



**DEPUTY REGISTRAR**  
**REQUEST FOR PROPOSALS**

**SECTION 4**

**(2025)**

**OPERATIONAL FORMS**

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Odina Kathleen Bargerhuff

Location Number 7616

Proposer Number (BMV use only) \_\_\_\_\_

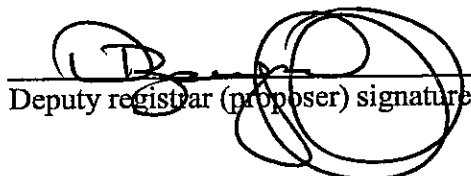
**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>14,497.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)		

#### 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Odina K Bargerhuff Location number: 7616

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 36 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: 1-31-2025

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Odina K Bargerhuff

Location number: 7616

- (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.

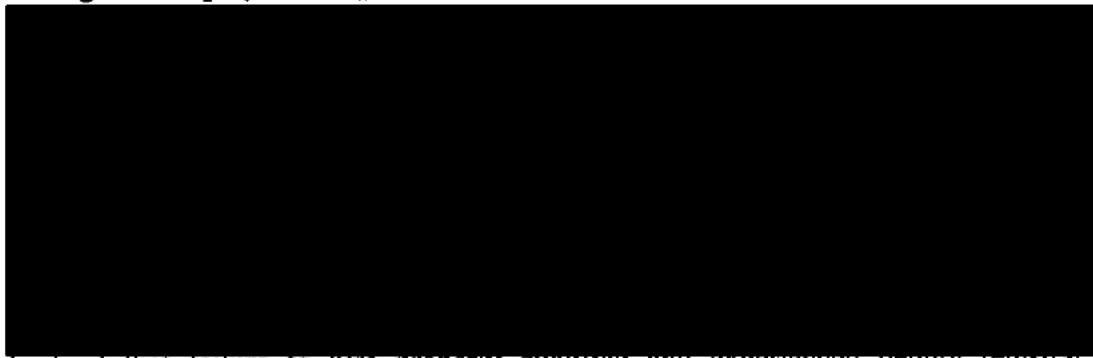
- (B) CHECK WHICHEVER APPLIES:

☐

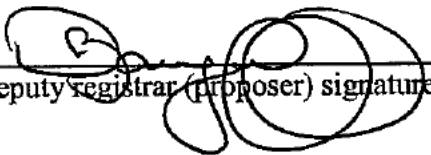
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant 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: 1.31.2025

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Odina K Bargerhuff Location number: 7616

**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	36.00	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	30.00	\$ 17.00	\$ 544.00	\$ 2,176.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>5</u>	84.00	\$ 15.00	\$ 1,260.00	\$ 5,040.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u>	0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTALS</b>	<b>186.00</b>	<b>N/A</b>	<b>\$ 2,488.00</b>	<b>\$ 9,952.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Odina K Bargerhuff Location number: 7616

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.

\$ 9952.00

### 2. SITE PREPARATION COSTS (AMORTIZED)

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

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

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

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

\$ 0

### 3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 1515.00 x 3 = \$ 4545.00

### TOTAL START-UP COSTS

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

\$ 14,497.00

**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 Odina K Bargerhuff \_\_\_\_\_, (deputy registrar, herein) whose

home mailing address is \_\_\_\_\_

(City) \_\_\_\_\_, Ohio (Zip) 44662 \_\_\_\_\_, to operate a deputy

registrar agency, Location No. 7616 \_\_\_\_\_, to be located as follows: in the

State of Ohio, County of Stark \_\_\_\_\_

City/Village/Township (indicate which) Canton Twp \_\_\_\_\_ of Ohio \_\_\_\_\_

Street address: 3029 Cleveland Ave Sw \_\_\_\_\_

(City) Canton \_\_\_\_\_, Ohio (Zip) 44707 \_\_\_\_\_

**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 29<sup>th</sup> day of June, 2025, and shall end on the 29<sup>th</sup> 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"]:

An 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.

[Signature]  
Deputy Registrar signature

1.31.2025  
Date

STATE OF OHIO :

COUNTY OF Stark :

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

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 31 day of January 2025

[Signature]  
NOTARY PUBLIC

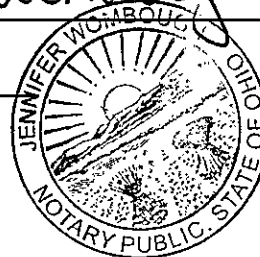
Printed name of Notary Public:

Jennifer Wombough

My commission Expires:

5-25-26

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



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

BY: \_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on  
\_\_\_\_\_

**DEPUTY REGISTRAR**  
**REQUEST FOR PROPOSALS**

**SECTION 5**

**(2025)**

**DEPUTY PROVIDED SITES**

## 5.0 DEPUTY PROVIDED SITE CHECKLIST

**Proposer's Full Legal Name** Odina K Bargerhuff  
**Location Number** 76 D  
**Proposed Site Address** 3029 Cleveland Ave SW Canton, 44707  
**Proposer's Telephone Number (number where BMV staff can reach you)** ( 330 ) 280-7741  
**Proposal Number (BMV use only)** \_\_\_\_\_

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

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

FORM	DESCRIPTION	✓	BMV
5.0	Deputy Provided Site Checklist (this form)	✓	
5.1	Site Questionnaire (page 1 only if proposing existing license agency site)	✓	
5.2	ADA Checklist (leave blank if proposing existing license agency site)	✓	
5.3	Lease Option (required for all proposers, which includes incumbent deputy registrars)	✓	
	– filled out, including complete address	✓	
	– signed and notarized	✓	
5.4	Proximity Attachment [for "Proximity" sites only] (leave blank if proposing existing license agency site)		
Proposer provided	Site Plan (leave blank if proposing existing license agency site)	✓	
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)	✓	
	– with complete dimensions	✓	
Proposer provided	Counter Plan (leave blank if proposing existing license agency site)	✓	
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)	✓	
	– with complete dimensions	✓	
Proposer provided	Map (leave blank if proposing existing license agency site)	✓	
	– with site clearly marked	✓	

## 5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 76 D  
Street address of site 3029 Cleveland Ave SW  
City Canton, Ohio, Zip Code 44707
2. Is the site you are proposing currently in operation as a deputy registrar agency?  
No \_\_\_\_\_ Yes ✓
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?  
No ✓ Yes \_\_\_\_\_
4. Are you applying for a contract at an existing license agency site that was approved under a previous contract?  
No \_\_\_\_\_ Yes ✓
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.  
B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?  
No ✓ Yes \_\_\_\_\_
6. A. If you answered "No" to question number 5, please print and submit this along with form 5.3 for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.  
B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

### 5.3 LEASE OPTION

1. I (we)(owners' complete names) Canton Ravenna Limited Partership  
an Ohio Limited Partnership  
of (owners' complete address) 3681 S Green Rd #201

City Beachwood, State Ohio, Zip 44122

HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of Stark

Canton Twp (state whether city, village or township) of Ohio and commonly known as:

(property's address) 3029 Cleveland Ave SW

Suite \_\_\_\_\_ City Canton, Ohio, Zip 44707

to (proposer's name) Odina Kathleen Bargerhuff

of (proposer's address) [REDACTED]

City [REDACTED], Ohio, Zip 44662

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 29<sup>th</sup> day of June, 2025 and shall not terminate before the 29<sup>th</sup> 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<sup>st</sup> 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): Canton - Ravenna Limited Partnership, an Ohio Limited Partnership  
by: Main Street Associates, LLC, General Partner

by: Ivan A. Soclof  
Owner(s)' printed name(s): Ivan A. Soclof, Manager 1-17-25

STATE OF OHIO:

COUNTY OF CUYAHOGA:

The foregoing instrument was acknowledged before me on this 17TH day of January, 2025, by the owners, Ivan A. Soclof, manager of Main Street Associates, LLC, the general partner of Canton-Ravenna Limited Partnership, an Ohio Limited Partnership.

Linda Schmidtke  
Notary Public

Printed name of Notary Public: LINDA SCHMIDTKE

My commission expires on 6/14/27

I hereby accept this option.



LINDA SCHMIDTKE  
Notary Public, State of Ohio  
My Commission Expires:  
June 14, 2027

1-17-2025  
Date

[Signature]  
Optionee signature, Deputy Registrar Proposer

7. Do you agree to comply with applicable Ohio Building Code requirements if construction or remodeling is necessary?

No \_\_\_\_\_ Yes ☒

8. Is the site located in a city or village?

If so, name of city or village

If not, name of township in which it is located

Canton Twp.

Stark

9. In what county is this site located?

10. Is your proposed site within the geographic area specified in the Agency Specifications?

No \_\_\_\_\_ Yes ☒

11. If proposed location is **NOT** within the geographic area specified in the Agency Specifications, list proposed locations in preferred order of importance starting with "most" important.

12. Have you included a map, with a mark showing the precise location of the proposed site?

No \_\_\_\_\_ Yes ☒

13. How many parking spaces are available for this site?

368

spaces

14. How many other businesses share the parking facilities?

13

business(es)

15. What is the distance of the nearest regular parking space from the closest public entrance of the proposed agency site using the shortest route a person could safely walk?

57

feet

16. How many of the parking spaces are off-street (in a lot or garage)?

368

spaces

17. How many of the parking spaces are paved?

368

spaces

18. How many of the parking spaces are free (no charge for parking)?

368

spaces

19. How many of the parking spaces are reserved exclusively for the use of deputy registrar customers?

4

spaces

20. Do you agree to keep the agency at a reasonable temperature?

No \_\_\_\_\_ Yes ☒

21. Will the site be safe for agency employees and patrons and will it have security available?

No \_\_\_\_\_ Yes ☒

***Submission of a floor plan of the site is mandatory. If original drawings are formatted larger than 8-½ x 11 inches, you must also provide a reduced size copy formatted at 8-½ x 11-inches. All dimensions must be indicated on the drawing. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.***

22. Have you submitted a complete floor plan of the site, showing all dimensions of all the interior areas?

No \_\_\_\_\_ Yes ☒

23. How much space is allocated for the customer area?

\_\_\_\_\_ square feet

24. How much space is allocated for the employee service area?

\_\_\_\_\_ square feet

25. How much space is allocated for the employee private area?

\_\_\_\_\_ square feet

26. How much space is allocated for the storage area?

\_\_\_\_\_ square feet

27. How much space is allocated for the restroom facilities?

\_\_\_\_\_ square feet

28. How much space is allocated for uses not listed above?

\_\_\_\_\_ square feet

29. Total square footage of agency?

**2258**  
\_\_\_\_\_ square feet

***Submission of a counter plan is mandatory. If original drawings are formatted larger than 8-½ x 11 inches, you must also provide a reduced size copy formatted at 8-½ x 11-inches. All dimensions, including those of the disability accessible counter, must be shown. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.***

30. Have you submitted a counter plan showing all dimensions of your counters?

No \_\_\_\_\_ Yes ☒

31. Are your counters to be in accordance with RFP counter specifications?

No \_\_\_\_\_ Yes ☒

32. Please indicate which of the two counter options from the Counter Specifications, RFP Appendix 2.1, you are choosing:

☒ A. Operator sit-down arrangement ☐ B. Operator stand-up arrangement

33. Will your customer service counter be a minimum of 46 inches and a maximum of 48 inches (or for incumbent deputies only, a maximum of 50 inches) high?

No ☐ Yes ☒

Actual Measurement: 48 inches

34. Do you agree to position all computers so they are adequately protected from damage by customers?

No ☐ Yes ☒

35. Will the total length of your equipment support counter be at least 60 inches for each terminal?

No ☐ Yes ☒

Actual Total Length (all counters): 53.4 feet

36. Will the depth of your regular counter be a minimum of 30 inches and a maximum of 36 inches?

No ☐ Yes ☒

Actual Depth: 35 inches

37. Will each 60-inch section of your counter be able to support at least 100 pounds of equipment?

No ☐ Yes ☒

38. Will you provide space for a vision screener at a reasonable height and conveniently located to the disabled-accessible counter?

No ☐ Yes ☒

39. Do you agree to provide a counter, acceptable to the BMV, to accommodate the digitized driver's license production equipment?

No ☐ Yes ☒

40. Will the disabled-accessible section of your counter be a minimum of 36 inches wide and have a knee hole opening of at least 27 inches clearance height, 30 inches wide and 19 inches deep?

No ☐ Yes ☒

Height: 30" Width: 60" Depth: 20"

41. Will you have at least one terminal service area which will be readily accessible for use by individuals with a disability?

No \_\_\_\_\_ Yes ☒

42. Will you provide space either on the counter or on one or more separate printer stands (additional space of at least 30 inches wide) for each of the printers in the agency?

No \_\_\_\_\_ Yes ☒

43. How many signs do you propose for the location?

3 signs

44. List below the location and size (all dimensions) of your signs or proposed signs:

Location of signs	Dimensions of signs
Directory tree in front of plaza	3'X1"
On roof above entrance	8'X4'
Window transom above entrance	30"X30"

45. **Form 5.3.** You must give satisfactory evidence that the facility you have proposed will be available for the operation of a deputy registrar agency during the entire period of the contract. If you will be leasing the facility from someone else, you must submit a fully executed (signed, notarized, and accepted) Lease Option, Form 5.3. If you own the property yourself, you must submit a copy of your deed along with a Lease Option, Form 5.3, giving yourself an option or a written statement that the property is available for use as a deputy registrar agency.

46. **Form 5.4.** Is the location for which you are proposing designated a DEPUTY PROVIDED PROXIMITY SITE in the Agency Specifications for that location?

\_\_\_\_\_ Yes. You must complete and submit with your proposal a fully completed Proximity Attachment, Form 5.4.

☒ No. Please do not submit the Proximity Attachment, Form 5.4.

## 5.2 ADA CHECKLIST

### AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Answer all questions for the proposed facility as it now exists. If the site as it now exists is deficient in any respect, list in the spaces provided all improvements the landlord or you will make if you are awarded a deputy registrar contract. Be specific. You may use the possible solutions noted on this form or you may propose your own solutions. If the proposed facility is under construction, answer all questions regarding the facility after completion in accordance with the construction plans. If any question clearly does not apply, mark it "Not Applicable" or "N/A."

- 1. ACCESSIBLE ENTRANCE.** People with disabilities should be able to arrive at a parking space accessible to persons with disabilities on the site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities. "Accessible space" means a parking space which meets all Americans with Disabilities (ADA) requirements for disability (formerly "Handicapped") parking. "Accessible entrance" means an entrance to a building which meets ADA requirements for access by persons with disabilities, including persons who are in wheelchairs.

- A. Is there a path of travel from the disability accessible parking space to the agency entrance that does not require the use of stairs? No \_\_\_\_\_ Yes ☒
- B. Is the path of travel stable, firm, and slip-resistant? No \_\_\_\_\_ Yes ☒
- C. Except for curb cuts, is the path at least 36 inches wide? No \_\_\_\_\_ Yes ☒
- D. Do curbs on the pathway have curb cuts at least 32 inches wide at all necessary points? No \_\_\_\_\_ Yes ☒

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, adding a ramp, designing an alternative path of travel, repairing surfaces, widening the pathway, installing curb cuts, etc.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

- 2. RAMPS.** Are ramps necessary to permit wheelchair access? Yes \_\_\_\_\_ No ☒

*If "yes" complete the following information. If "no," skip forward to "Parking and Drop-Off Areas," next page.*

- A. Are the slopes of ramps no greater than 1:12? No \_\_\_\_\_ Yes \_\_\_\_\_

*Slope is given as a ratio of the height to length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.*

- B. Do all ramps longer than six (6) feet have railings on both sides? No \_\_\_\_\_ Yes \_\_\_\_\_

## 5.2 ADA CHECKLIST

### AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Are railings sturdy, and between 34 and 38 inches high? No \_\_\_\_\_ Yes \_\_\_\_\_
- D. Is the width between railings at least 36 inches? No \_\_\_\_\_ Yes \_\_\_\_\_
- E. Are ramps non-slip? No \_\_\_\_\_ Yes \_\_\_\_\_
- F. Is there a 5-foot-long level landing at the top of the ramp, at the bottom of the ramp, at switchbacks, if any, and at every 30-foot horizontal length of ramp? No \_\_\_\_\_ Yes \_\_\_\_\_

*The ramp should rise no more than 30 inches between landings.*

If ramps are necessary, and the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, lengthening ramp to decrease slope, relocating ramp, rebuilding ramp, adding railings, repairing or adjusting railings, adding non-slip surface materials, etc.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

3. **PARKING AND DROP-OFF AREAS.** Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle)?

No \_\_\_\_\_ Yes ☒

For guidance in determining the appropriate number to designate, the table below gives the ADA requirements for new construction and alterations.

Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible
1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces

- A. Are 16-foot wide spaces, with 98 inches of vertical clearance, Available for lift-equipped vans? No \_\_\_\_\_ Yes ☒
- At least one of every 8 accessible spaces must be van-accessible.*
- B. Are the accessible spaces closest to the accessible entrance? No \_\_\_\_\_ Yes ☒
- C. Are the accessible spaces marked with the International Symbol of Accessibility (standard disability parking sign)? No \_\_\_\_\_ Yes ☒

## 5.2 ADA CHECKLIST

### AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, reconfiguring spaces by repainting stripes, moving the spaces, adding proper signs, etc.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

After improvements, if any, have been made, how far will it be between the nearest accessible parking space to the nearest accessible building or mall entrance using the most direct path a wheelchair can safely travel?

Measurement = 51 Feet

Is the nearest accessible space within two hundred (200) feet of the accessible entrance?

No \_\_\_\_\_ Yes ☒

Is the nearest accessible space within one hundred (100) feet of the accessible entrance?

No \_\_\_\_\_ Yes ☒

4. **ENTRANCE.** If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?

No \_\_\_\_\_ Yes ☒

A. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?

No \_\_\_\_\_ Yes ☒

B. Can the accessible entrance be used independently?

No \_\_\_\_\_ Yes ☒

C. Does entrance door have at least 32 inches clear opening (for double door, at least one 32-inch leaf)?

No \_\_\_\_\_ Yes ☒

D. Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle?

No \_\_\_\_\_ Yes ☒

*A person using a wheelchair needs this space to get close enough to open the door*

E. Is the threshold level (less than 1/4 inch high) or beveled, up to 1/2 inch high?

No \_\_\_\_\_ Yes ☒

F. Are doormats 1/2 inch high or less with beveled or secured edges?

No \_\_\_\_\_ Yes ☒

G. Is the door handle no higher than 48 inches and operable with a closed fist?

No \_\_\_\_\_ Yes ☒

*(The "closed fist" test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.)*

## 5.2 ADA CHECKLIST

### AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_

**5. ACCESS TO ALL DEPUTY REGISTRAR SERVICES.** Ideally, the layout of the building should allow people with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

- A. Does the accessible entrance provide direct access to the main floor, lobby, or elevator? No \_\_\_\_\_ Yes ☒
- B. Are all public spaces on an accessible path of travel? No \_\_\_\_\_ Yes ☒
- C. Is the accessible route to all public spaces and services at least 36 inches wide (except for interior doors)? No \_\_\_\_\_ Yes ☒
- D. Are the aisles between chairs or tables at least 36 inches wide? No \_\_\_\_\_ Yes ☒
- E. Are there spaces for wheelchair seating distributed throughout? No \_\_\_\_\_ Yes ☒
- F. Do interior doors into public spaces have at least a 32-inch clear opening? No \_\_\_\_\_ Yes ☒
- G. On the pull side of interior doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair can get close enough to open the door? No \_\_\_\_\_ Yes ☒
- H. Can doors be opened without too much force? No \_\_\_\_\_ Yes ☒
- I. Are door handles 48 inches high or less and operable with a closed fist? No \_\_\_\_\_ Yes ☒
- J. Are all interior thresholds, if any, level (less than 1/4 inch high), or beveled, up to 1/2 inch high? No \_\_\_\_\_ Yes ☒
- K. Is carpeting, if any, low-pile, tightly woven, and securely attached along edges? No \_\_\_\_\_ Yes ☒

## 5.2 ADA CHECKLIST

### AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_

#### SEATS, TABLES & COUNTERS

- A. Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide? No \_\_\_\_\_ Yes ☒
- B. Is the top of the ADA table or counter between 28 and 34 inches high? No \_\_\_\_\_ Yes ☒
- C. Are knee spaces at accessible tables at least 27 inches clearance height, 30 inches wide, and 19 inches deep? No \_\_\_\_\_ Yes ☒

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

#### 6. RESTROOM USAGE. Restrooms should be accessible to people with disabilities.

- A. Is there currently a restroom available for use by the customers of the agency? No \_\_\_\_\_ Yes ☒
- B. Is at least one restroom (either one for each sex, or unisex) fully ADA accessible? No \_\_\_\_\_ Yes ☒

**5.2 ADA CHECKLIST**  
**AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT**

- C. Is there adequate signage identifying the ADA restroom(s)? No ☐ Yes ☒
- D. Is the doorway of the ADA restroom at least 32 inches clear? No ☐ Yes ☒
- E. Are doors to the ADA restroom(s) equipped with accessible handles (operable with a closed fist), 48 inches high or less? No ☐ Yes ☒
- F. Can doors to the ADA restroom(s) be opened easily (5-pound maximum force)? No ☐ Yes ☒
- G. Does the entry configuration to the ADA restroom(s) provide adequate maneuvering space for a person using a wheelchair? No ☐ Yes ☒
- H. Is there a 36-inch-wide path to all fixtures in the ADA restroom(s)? No ☐ Yes ☒

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_

**STALLS.** The following questions apply to ADA restroom(s).

- A. Is the stall door operable with a closed fist, inside and out? No ☐ Yes ☒
- B. Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)? No ☐ Yes ☒
- C. In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet? No ☐ Yes ☒
- D. Is the toilet seat 17 to 19 inches high? No ☐ Yes ☒

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

**5.2 ADA CHECKLIST**  
**AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT**

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

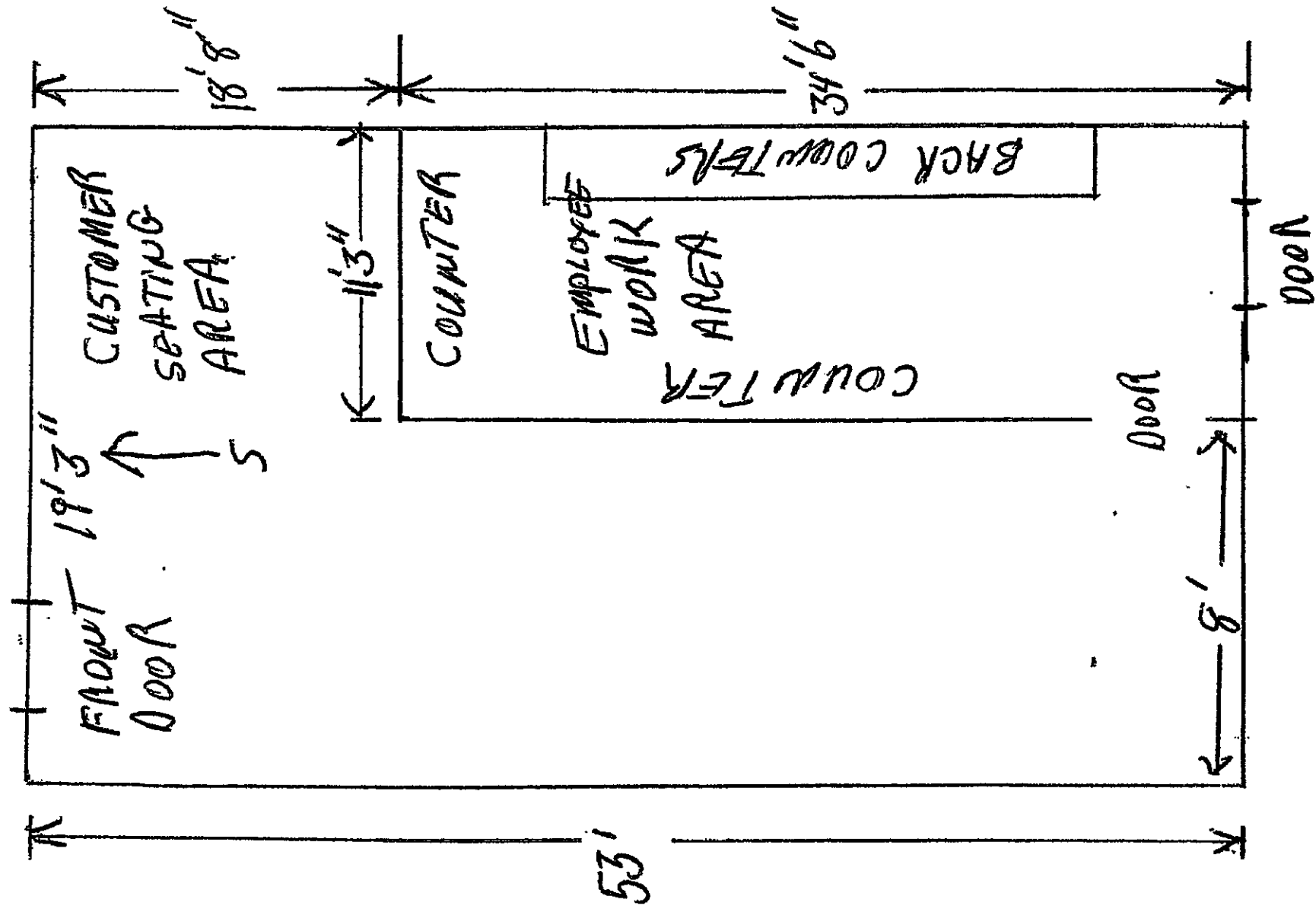
**LAVATORIES.** The following questions apply to ADA restroom(s).

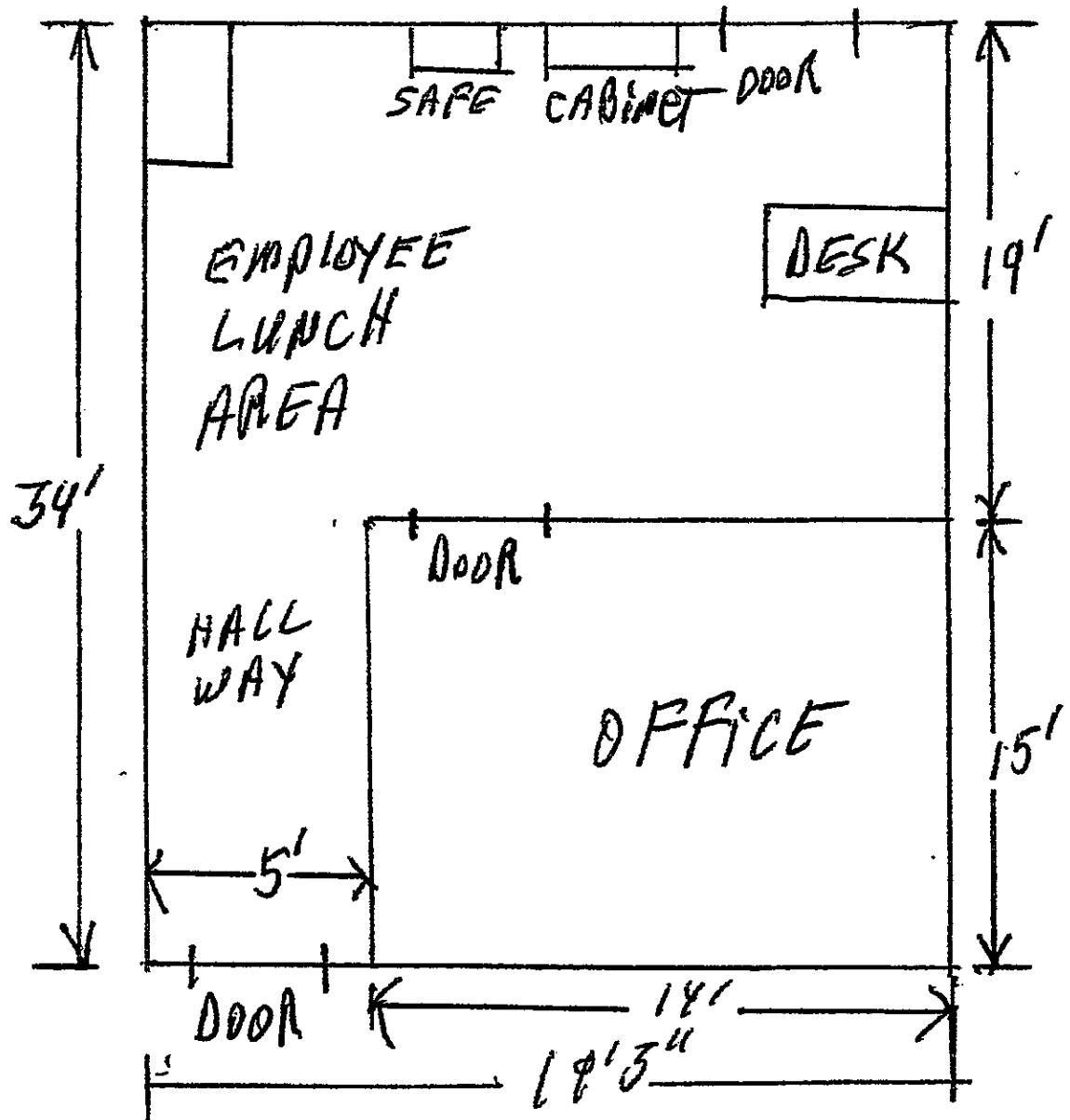
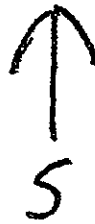
- A. Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front? No \_\_\_\_\_ Yes ☒
- B. A maximum of 19 inches of the required depth may be under the lavatory. No \_\_\_\_\_ Yes ☒
- C. Is the lavatory rim no higher than 34 inches? No \_\_\_\_\_ Yes ☒
- D. Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)? No \_\_\_\_\_ Yes ☒
- E. Can the faucet be operated with one closed fist? No \_\_\_\_\_ Yes ☒
- F. Are soap and other dispensers and hand dryers within reach ranges and usable with one closed fist? No \_\_\_\_\_ Yes ☒
- G. Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower? No \_\_\_\_\_ Yes ☒

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_





FRONT  
DOOR

19' 3"

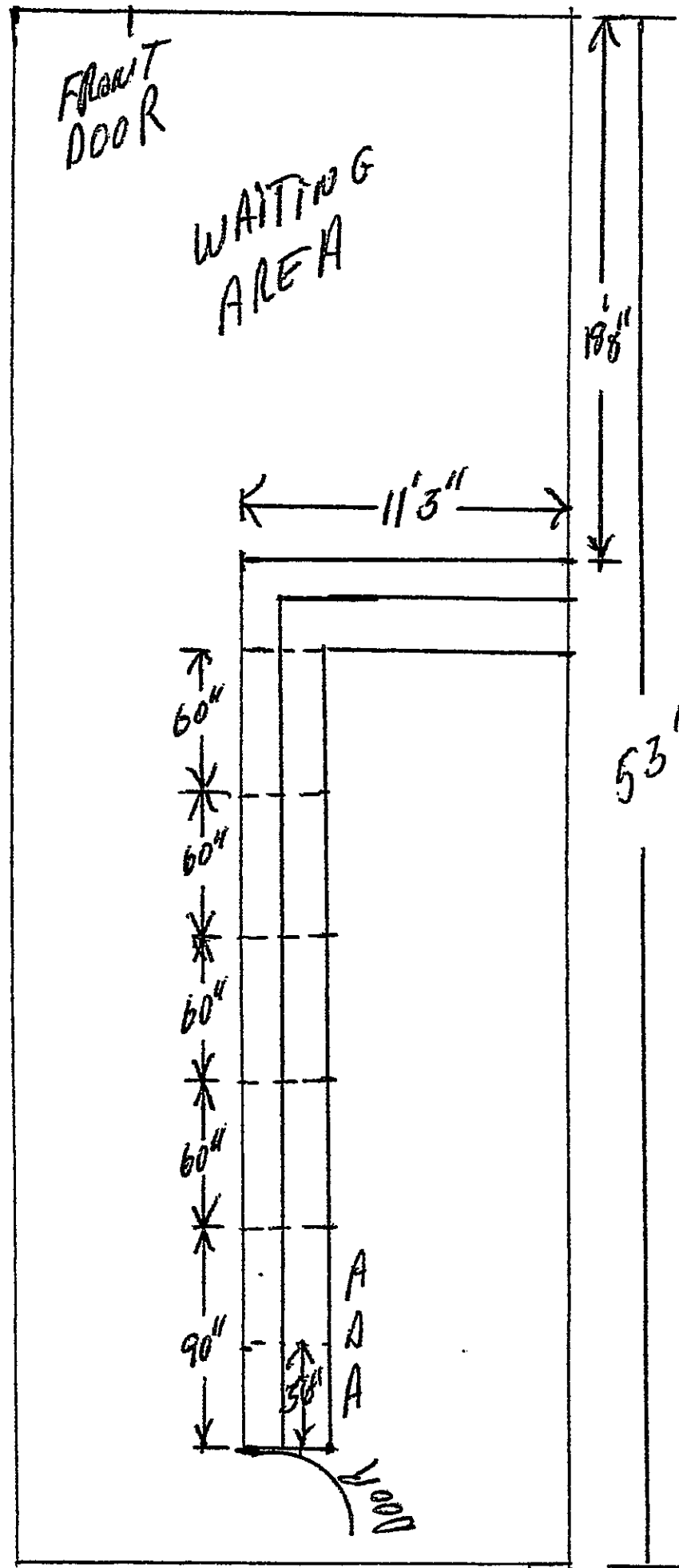


S

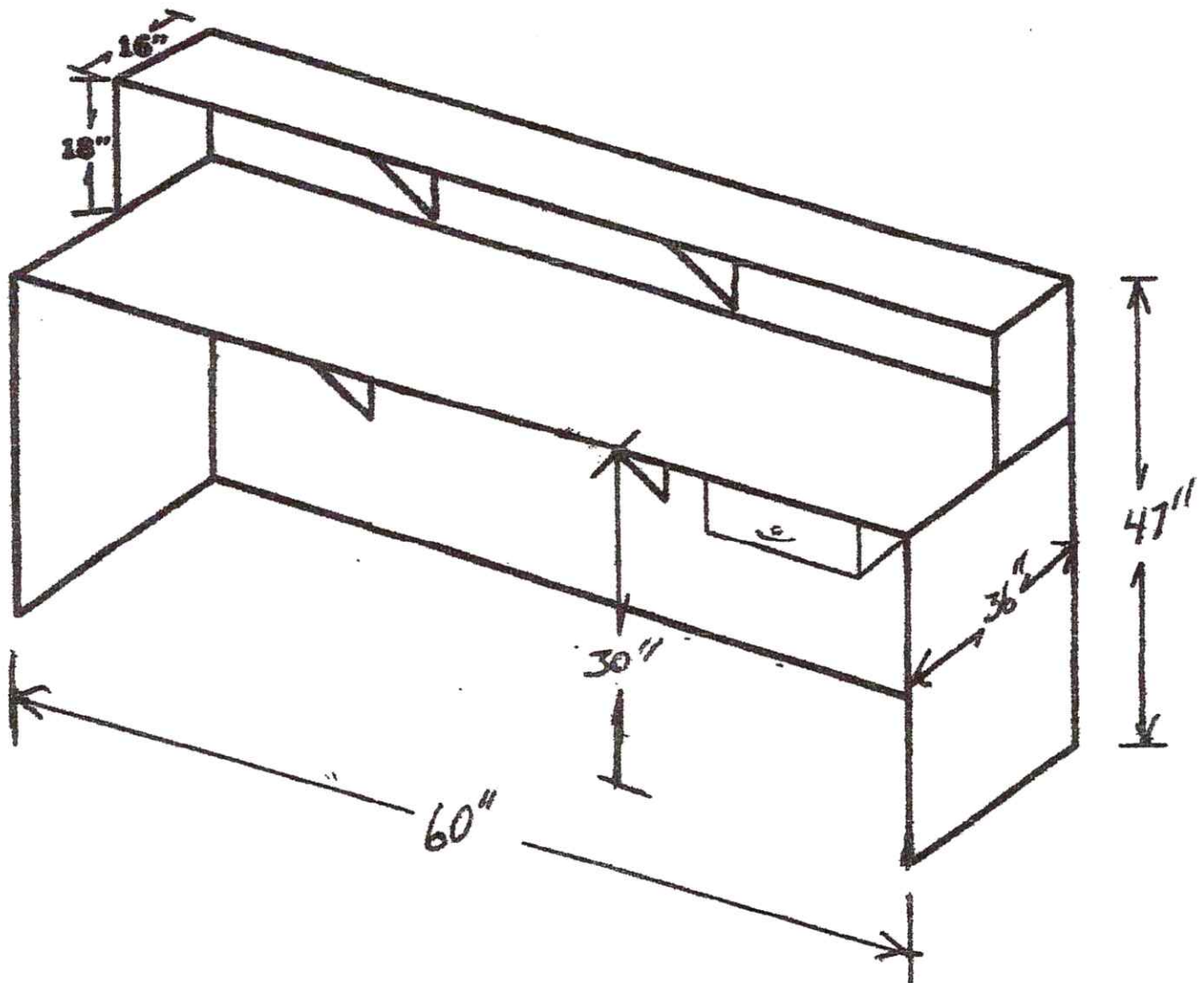
117'

2258 SQ. FT.

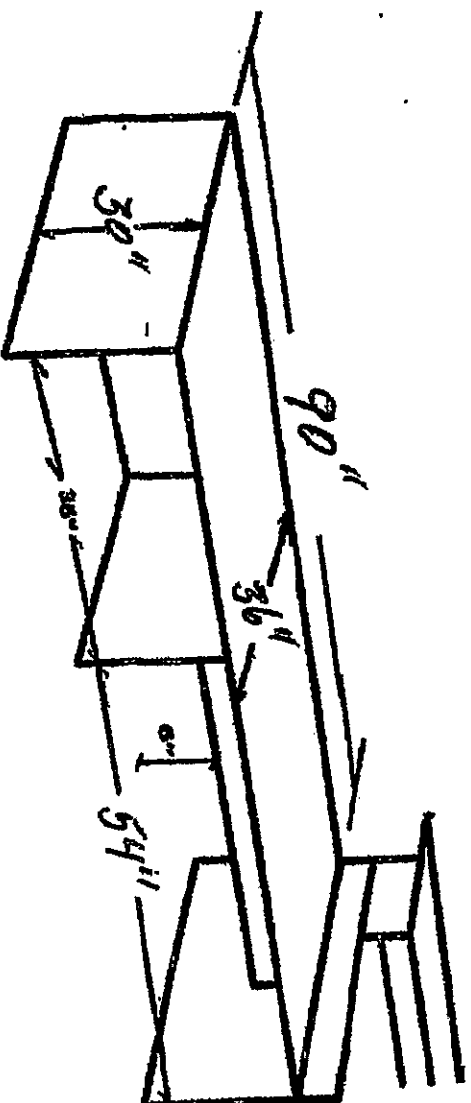
NOT TO SCALE



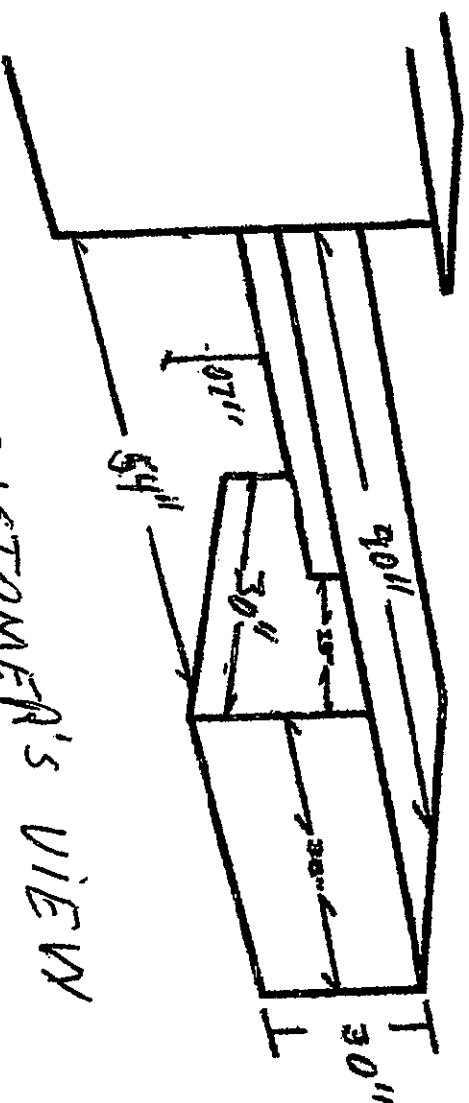
OPERATOR COUNTER  
SIT DOWN  
ONE OF FOUR

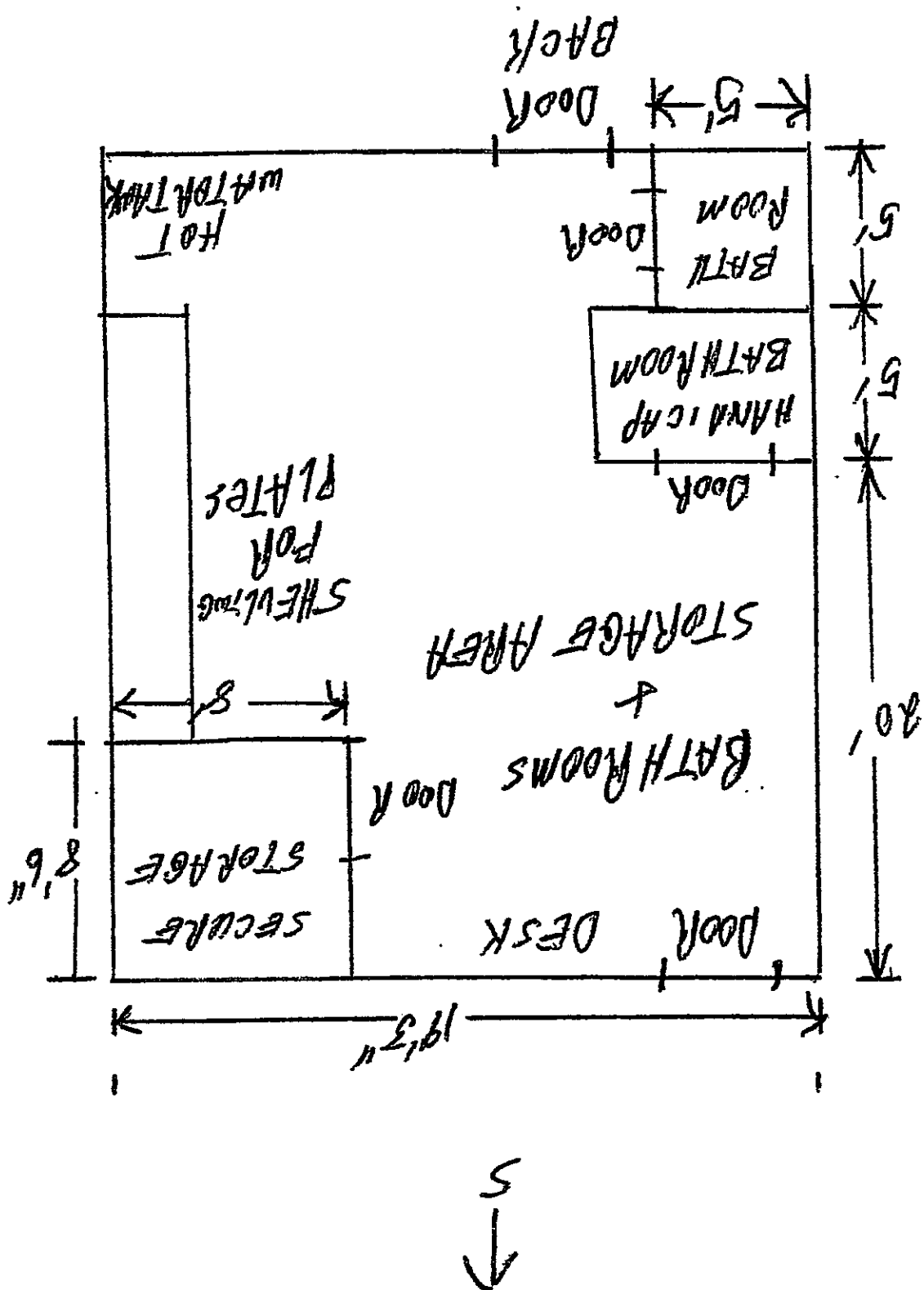


OPERATOR'S VIEW



CUSTOMER'S VIEW

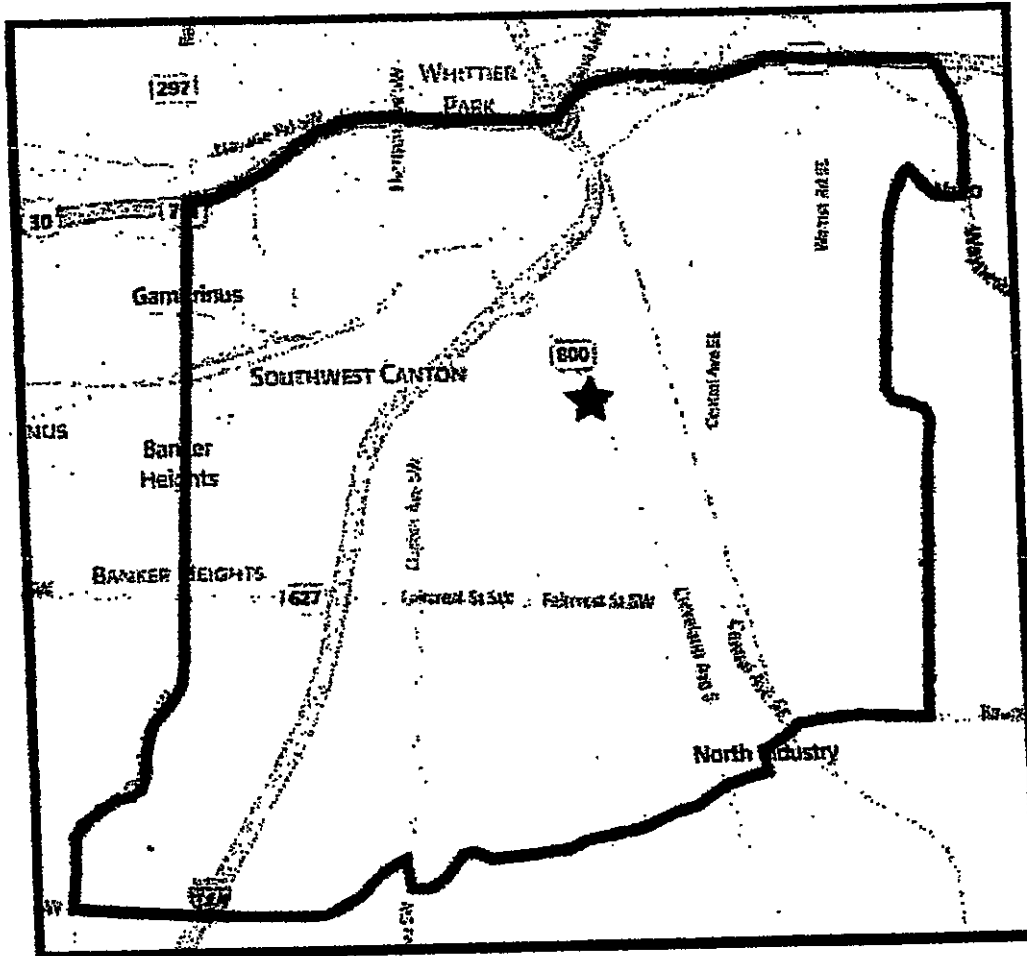




# STARK COUNTY

## CANTON – LOCATION # 76-D

### GEOGRAPHIC AREA SHEET



The site chosen for this location shall be within the boundaries listed below:

**Northern Boundary** – U.S. Route 30

**Eastern Boundary** – Waynesburg Drive SE to Sherrick Drive SE to Moore Avenue SE to Belden Avenue SE

**Southern Boundary** – Baum Street SE to Ridge Avenue SE to 53<sup>rd</sup> Street SE to Fohl Street SW to Dueber Avenue SW to Fohl Street SW

**Western Boundary** – Sherman Church Avenue SW to Gambrinus Avenue SW to Raff Road SW

A site may be located on either side of a street which forms a boundary unless the street is a limited access highway or the outer side of the street is in a different municipality or county.

**GEOGRAPHIC AREA SHEET (2015)**