

## PAYROLL COMPARISON – 2025

**Proposer Name: Twin City Chamber of Commerce**

Evaluator Printed Name: Jeff Payne

### PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	79-C					
Highest Rate	20.25					
Lowest Rate	11.55					
Number of Hours Recommended	102					
Number of Hours Proposed	156					
Total Monthly Wages	\$ 9436.80					

Comments:

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# PERSONAL EVALUATION (2025)

Twin City Chamber of Commerce  
79-C / 25079  
Tuscarawas County, Uhrichsville  
206 E 3rd St.

Evaluation Team Number: \_\_\_\_\_

Location(s) Proposed: (#1) 79-C \_\_\_\_\_

Proposed as 2<sup>nd</sup> Location \_\_\_\_\_

**Verify** Proposer's Full Name: (#2) Twin City Chamber of Commerce

Proposer's County of Residence (NPC Operation): (#4) Tuscarawas

**Verify** Proposer's Driver's License Number: (#6) N/A

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>26</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

**TOTAL POINTS** (Max. 258 Points): 256

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

**Evaluators' Signatures**

**Evaluators' Printed Names**

**Date**

(1) 

Jeff Payne

2/25/25

(2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	(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: _____ _____ _____ _____ _____ _____
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## 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: N/A

From (date): 7/19 To (date): 6/25 Length: 6

Verified Hours N/A = Factor 1.0 x Years 6 x Points 50 = 300

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.	Twin City Chamber of Commerce	#	NA	=	1.0	x	6	x	50	=	300 ✓
B.		#	NA	=	1.0	x		x	50	=	
C.		#	NA	=	1.0	x		x	50	=	
Subtotal of 13-A, 13-B & 13-C =										300	

### 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)

26

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

Comments: 18- only provided one item

# 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                        |    |   |

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

- |   |   |   |
|---|---|---|
| A. Indoor/Outdoor maintenance and cleaning?       | 1 | 0 |
| B. Prompt snow and ice removal?                   | 1 | 0 |
| C. Carpet and/or floor cleaning (if appropriate)? | 1 | 0 |
| D. Repainting?                                    | 1 | 0 |

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

17

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)

27

OK NO

OK | NO

**\*Credit Reports are not required for County Auditors and County Clerks of Courts**

A. Credit report submitted contains credit score?	(2)	0
B. No tax liens (state or federal)?	(3)	0
C. No judgments for the past 36 months?*	(3)	0
D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	(2)	0
E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	(2)	0
F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	(1)	0

\* Exclude minor medical judgments and disputed items with good cause explanation.

29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)

2	0
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15

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

[illegible]

# OPERATIONAL EVALUATION (2025)

Twin City Chamber of Commerce  
79-C / 25079  
Tuscarawas County, Uhrichsville  
206 E 3rd St.


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>N/A</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>102</u> Proposed: <u>156</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>\$10,936.80</u> On Deposit (Form 3.4): <u>\$56,010.97</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) 40

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

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

\_\_\_\_\_

	Evaluators' signatures	Printed names	Date
(1)		Jeff Payne	2/25/25
(2)	_____	_____	_____

Operational Evaluation (2025)



### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Twin City Chamber of Commerce

Proposer Number (BMV use only) 79-C

**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:

79-C \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Full legal name of proposer Twin City Chamber of Commerce

3. Proposer's street address 210 East 3<sup>rd</sup> Street

City Uhrichsville State Ohio Zip code 44683

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

5. Daytime telephone (740) 922-5623 Home telephone ( ) \_\_\_\_\_

6. Proposer's driver's license number (nonprofit corporation N/A) \_\_\_\_\_

7. Spouse's name (nonprofit corporation N/A) \_\_\_\_\_

8. Spouse's home street address (nonprofit corporation N/A) \_\_\_\_\_

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

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

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

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

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

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

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



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

Yes \_\_\_\_\_ No ☒

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

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

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

Yes \_\_\_\_\_ No ☒

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

13. A. Are you currently a deputy registrar?

Yes ☒ No \_\_\_\_\_

B. If YES, on what date does your contract expire? June 29, 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 checked="" 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 Claymont High School

City Uhrichsville State Ohio Zip 44683

College name Kent State University

City Kent State Ohio Zip \_\_\_\_\_

Major Elementary Education Degree awarded Bachelor of Science

College name Ashland University

City Ashland State Ohio Zip \_\_\_\_\_

Major Education Degree awarded Master in Education

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.

MS Office, Open Office  
MS Outlook, Yahoo mail, Gmail, Hot Mail  
Google + the Google Apps  
Publisher  
Excel  
Adobe  
Chimp Mail

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.

(See attached)

The Twin City Chamber of Commerce evolved from a board of trade started more than 100 years ago. It was incorporated under the name, Twin City Chamber of Commerce in 1960. Since 1960, we have continued to network businesses, provide direction for the Uhrichsville/Dennison economic development and we are seen as a strong advocate for businesses and local residents.

The Twin City Chamber of Commerce works at the local level to lend support to existing and newly emerging businesses. We also collaborate with the local, county, and state government leaders.

Support to our local hospital, waterpark, and local museums have been instrumental in making sure those entities are funded and supported.

In addition to the services we provide our members, fundraising efforts including our Annual Awards Banquet, Annual Golf Scramble, 12 Days of Christmas give-away, and Annual membership dues.

Former members of the Twin City Chamber of Commerce Board of Directors were instrumental in keeping a BMV agency in our area when a former registrar retired. Recognizing that local residents would not be able to do BMV-related business in our community caused the Chamber of Commerce members great concern. That particular Chamber of Commerce Board was approached about bidding on the agency and agreed to manage the operations.

We have proudly continued to manage the local BMV and provide those services not only to our local residents, but there are residents from other communities who utilize our location, as well.



## 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 Twin City Chamber of Commerce Company name Twin City Chamber of Commerce  
Company address 210 E. 3<sup>rd</sup> Street City Uhrichsville  
State Ohio Zip 44683 Telephone ( 740 ) 922-5623  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Issue Driver's licenses; State I.D. cards;  
Drivers license renewals; Watercraft licenses registrations; license  
reinstatements; nuts; bolts; lamination; plate frames; out of state vehicle  
BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): inspections

1. Federal Tax ID Number: \_\_\_\_\_
2. Percentage of business you owned: 100 % Hours worked weekly 0
3. Dates you operated this business: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month 6 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? 5
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.)

Name	City	State	Zip	Daytime Phone
<u>Lori Frantz</u>	<u>Dennison</u>	<u>Ohio</u>	<u>44621</u>	<u>(330) 340-3508</u>
<u>Brenda Burdette</u>	<u>Uhrichsville</u>	<u>Ohio</u>	<u>44683</u>	<u>(330) 340-6895</u>
_____	_____	_____	_____	( ) _____

### 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 NA Company name \_\_\_\_\_

Company address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Type of business (deputy registrar, retail grocery, etc.) \_\_\_\_\_

Management/supervisory duties \_\_\_\_\_

MANAGER OR SUPERVISOR - Job title: \_\_\_\_\_

1. Title of position \_\_\_\_\_ Hours worked weekly? \_\_\_\_\_

2. Dates this position was held: From: month \_\_\_\_ year \_\_\_\_ To: month \_\_\_\_ year \_\_\_\_

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. 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.)

Name	City	State	Zip	Daytime Phone
_____	_____	_____	_____ (     ) _____	
_____	_____	_____	_____ (     ) _____	
_____	_____	_____	_____ (     ) _____	



### 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 NA Company name \_\_\_\_\_

Company address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Type of business (deputy registrar, retail grocery, etc.) \_\_\_\_\_

EMPLOYEE - Job title: \_\_\_\_\_

Hours worked weekly \_\_\_\_\_ Job duties \_\_\_\_\_

Dates of this employment: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

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

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.)

Name	City	State	Zip	Daytime Phone
_____	_____	_____	_____ (     ) _____	
_____	_____	_____	_____ (     ) _____	
_____	_____	_____	_____ (     ) _____	

### 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):

• To ensure stickers are properly displayed on new plate issuances, we started applying the stickers to the plates for the customers.

## 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:

*Elizabeth DiDonato*

Title (if officer of nonprofit corporation):

*Executive Director*

**(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)**



### 3.5 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:

*Elizabeth DiDonato*

Title (if officer of nonprofit corporation):

*Executive Director*

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

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

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

**Form 3.5, Political Contributions Report (2025)**

### 3.6 PERSONNEL POLICY

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

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

No \_\_\_\_\_ Yes ☒

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM)
LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL
PROGRESSIVE DISCIPLINARY ACTION
DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE
POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE
FRINGE BENEFITS

### 3.7 SECURITY PLAN SUMMARY

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

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

Yes ☒ No ☐

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

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

### 3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No \_\_\_\_\_ Yes ✓

<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>

### 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?

Daily communication with the manager and employees.

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?

Our office manager and assistant are always up to date on changes in laws and policies brought forth. They have good rapport with the field agents and upline employees.

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

Our employees use their fraud training in conjunction with fraud activity reported in or around us. Consultation is done with our local police departments and financial institutions, as well.

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?

In addition to communicating changes to the staff, I am notified. When receiving the emails, I check to be sure the changes were made.



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

The employees know I am available anytime they have an issue or need. They know I will not break a confidence and I will help in any way possible.

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

We have a great team who help each other and demonstrate kindness to everyone. Customers tell us they prefer our agency to others because the "girls" are friendly, nice, and very professional.

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

As new people are needed, references are checked and raises are given as possible. Birthdays are celebrated and dinners provided for special occasions and Christmas.

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

Issues that arise are taken care of immediately. The employees clean it on a regular basis.

9. How would you deal with an irate customer?

The employees explain and re-explain circumstances very calmly. The manager or assistant is always close by to intercede if necessary.  
If needed, law enforcement is called.

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

I would advise them to remain calm, keep a consistent voice level and not compound the problem as the manager intervenes.

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

By ensuring that the laws and policies set by the state are followed.

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

We have a very long relationship with the BMV and consider it a privilege to be given a contract.

We have demonstrated the need of the BMV in our area and appreciate the opportunity to continue to manage it.

Our professionalism and management record are, hopefully, deemed worthy enough to continue serving as the deputy registrar license agency.



### 3.10(C) AFFIDAVIT OF A NONPROFIT CORPORATION

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

County of Tuscarawas

State of Ohio :

I, Elizabeth DiDonato, being first duly sworn, depose and say that:

- 1) I am duly elected or appointed (office held) Executive Director  
for Twin City Chamber of Commerce, a nonprofit corporation;
- 2) I am submitting this proposal for the appointment of said nonprofit corporation as a deputy registrar, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person, persons, or business;
- 3) If appointed the nonprofit corporation will serve as a deputy registrar in its capacity as a nonprofit corporation, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any person, persons, or business;
- 4) If appointed as a deputy registrar, the nonprofit corporation will not assign its deputy registrar contract, in whole or in part, nor any of its deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar; and,
- 5) If appointed as deputy registrar, the nonprofit corporation will fully comply with the requirement that no person, except the Registrar, shall operate or control, directly or indirectly, more than one deputy registrar agency at any time, except that I understand that a nonprofit corporation which provides automobile-related services may operate one deputy registrar agency in each county in which it offers other services;
- 6) To the best of my knowledge and belief, the nonprofit corporation is 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 it ineligible to serve as a deputy registrar; and,
- 7) I have read the 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 for the purpose of obtaining a deputy registrar contract on behalf of the nonprofit corporation.

Signature of officer: Elizabeth DiDonato

Printed/typed name of officer: Executive Director

Printed/typed name of nonprofit corporation: Twin City Chamber of Commerce

Sworn to and subscribed in my presence on this 21st day of January, 2025

Tina Joy Smitley

Notary Public

Printed name of Notary Public: Tina Joy Smitley

My commission expires: 10/19/2029



TINA JOY SMITLEY  
Notary Public  
In and for the State of Ohio  
My Commission Expires  
October 19, 2029

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TWIN CITY CHAMBER OF COMMERCE, an Ohio not for profit corporation, Charter No. 295414, having its principal location in Uhrichsville, County of Tuscarawas, was incorporated on November 12, 1960 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 4th day of January, A.D. 2019.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201900401076

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Twin City Chamber of Commerce

Location Number 79-C

Proposer Number (BMV use only) 79-C/19004

**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>10,936.80</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	



#### 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Twin City Chamber of Commerce Location number: 79-C

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 0 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.

Elizabeth DiDonato  
Deputy registrar (proposer) signature

Date: January 21, 2025

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Twin City Chamber of Commerce Location number: 79-C

- (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.

Elizabeth DiDonato  
Deputy registrar (proposer) signature

Date: January 21, 2025



### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Twin City Chamber of Commerce Location number: 79-C

**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	<u>0</u>	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	<u>36</u>	<u>\$20.25</u>	<u>\$729.00</u>	<u>\$2,916.00</u>
Assistant Office Manager	<u>36</u>	<u>\$15.75</u>	<u>\$567.00</u>	<u>\$2,268.00</u>
Experienced Employees Total Number (combine Full-time & Part-time) = <u>2</u>	<u>30</u> <u>30</u>	<u>\$12.55</u> <u>\$13.65</u>	<u>\$376.50</u> <u>\$409.50</u>	<u>\$1,506.00</u> <u>\$1,638.00</u>
New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u>	<u>24</u>	<u>\$11.55</u>	<u>\$277.20</u>	<u>\$1,108.80</u>
<b>TOTALS</b>	<u>156</u>	N/A	<u>\$2,359.20</u>	<u>\$9,436.80</u>



#### 4.4 START-UP COSTS CALCULATION

Proposer's name: Twin City Chamber of Commerce Location number: 79-C

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.

\$ 9,436.80

##### 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 | \$ _____ |
| 2. Counter Costs          | \$ _____ |
| 3. Other Costs            | \$ _____ |
| 4. Total                  | \$ _____ |

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.

\$ \_\_\_\_\_

##### 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: \$ 500 x 3 = \$ 1,500.00

##### 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]

\$ 10,936.80

**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 Twin City Chamber of Commerce, (deputy registrar, herein) whose home mailing address is 210 East 3<sup>rd</sup> Street  
(City) Uhrichsville, Ohio (Zip) 44683, to operate a deputy registrar agency, Location No. 79-C, to be located as follows: in the State of Ohio, County of Tuscarawas  
City/Village/Township (indicate which) City of Uhrichsville  
Street address: 206 East 3<sup>rd</sup> Street  
(City) Uhrichsville, Ohio (Zip) 44683

**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"]:

Nonprofit Corporation

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.

Elizabeth DiDonato  
Deputy Registrar signature

January 21, 2025  
Date

STATE OF OHIO :

COUNTY OF Tuscarawas :

Before me, a notary public in and for said county and state, personally appeared the above named Elizabeth DiDonato, 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 21st day of January, 2025.

Tina Joy Smitley  
NOTARY PUBLIC

Printed name of Notary Public: Tina Joy Smitley

My commission Expires: 10/19/2029

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

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

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



TINA JOY SMITLEY  
Notary Public  
In and for the State of Ohio  
My Commission Expires  
October 19, 2029



## 5.0 DEPUTY PROVIDED SITE CHECKLIST

**Proposer's Full Legal Name** Twin City Chamber of Commerce  
**Location Number** 79-C  
**Proposed Site Address** 206 East 3<sup>RD</sup> Street, Uhrichsville, Ohio 44682  
**Proposer's Telephone Number (number where BMV staff can reach you)** ( 740 ) 922-5623  
**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)	NA	
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)		
	– with complete dimensions		
Proposer provided	Counter Plan (leave blank if proposing existing license agency site)	NA	
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)		
	– with complete dimensions		
Proposer provided	Map (leave blank if proposing existing license agency site)	NA	
	– with site clearly marked		

## 5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 79-c  
Street address of site 206 East 3<sup>rd</sup> Street  
City Uhrichsville, Ohio, Zip Code 44683
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.

New signage was installed on both doors, windows and the exterior of the building.



## 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 = \_\_\_\_\_ 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. \_\_\_\_\_

### 5.3 LEASE OPTION

1. I (we)(owners' complete names) Mako Properties Ltd

of (owners' complete address) 240 E 3rd Street

City Uhrichsville, State OH, Zip 44683

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

Tuscarawas, (state whether city, village or township)

City of Uhrichsville and commonly known as:

(property's address) 206 E 3rd Street

Suite \_\_\_\_\_ City Uhrichsville, Ohio, Zip 44683

to (proposer's name) Twin City Chamber of Commerce

of (proposer's address) 210 E. 3<sup>RD</sup> St.

City Uhrichsville, Ohio, Zip 44683

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): Wes Aubihl

Mako Properties Ltd

Owner(s)' printed name(s): Wes Aubihl

STATE OF Ohio:

COUNTY OF Tuscarawas:

The foregoing instrument was acknowledged before me on this 17<sup>th</sup> day of

January, 2025, by the owners, Mako's Properties Ltd

Wes Aubihl

Lori S. Frantz

Notary Public

Printed name of Notary Public: Lori S. Frantz

My commission expires on July 29, 2028

I hereby accept this option.



LORI S FRANTZ  
Notary Public  
State of Ohio  
My Comm. Expires  
July 29, 2028

January 17, 2025 Twin City Chamber of Commerce  
Date Optionee signature, Deputy Registrar Proposer

## 5.4 PROXIMITY ATTACHMENT

### Instructions

If the location you are submitting a proposal for is designated in the Agency Specifications as a deputy Provided **Proximity Site**, complete this form and include the original with your proposal. If it is designated as a Deputy Provided **Non-Proximity Site**, do not submit this form.

This document is for locations which the Registrar has designated for One-Stop Shopping to encourage the deputy registrar to provide a site located close to either an **existing** Driver's License Examination Station or an **existing** Clerk of Courts Title Office.

Bureau of Motor Vehicles (BMV) records indicate that a Driver's License Examination Station or a Clerk of Courts Title Office, or both, are situated within the boundaries of this location.

If there are both a Driver's License Examination Station and a Clerk of Courts Title Office within the boundaries of this location, equal consideration will be given for situating close to either one.

In evaluating the proposed deputy registrar site's proximity to either a Driver's License Examination Station (Exam Station) or a Clerk of Courts Title Office (Title Office), the Registrar intends to give the following consideration:

**Highest Consideration:** Highest consideration will be given to sites situated in the same building, in an adjacent building, within the same business district, or within the same shopping center as the **existing** Exam Station or Title Office.

**Second Highest Consideration:** Second highest consideration will be given to sites situated within approximately one-half mile, by most direct public-access route, to the **existing** Exam Station or Title Office.

Proposers shall not attempt to influence a Driver's Examination Station or a Clerk's Title Office to move to a different location at this time. No credit will be given during this RFP process to any proposer who proposes to relocate a Driver's License Examination Station or a Clerk's Title Office to be closer to the proposer's site.

### QUESTIONNAIRE (SUBMIT ORIGINAL)

1. Proposer's name Twin City Chamber of Commerce
2. Street address of proposed site 206 3<sup>rd</sup>  
City Uhrichsville State Ohio Zip 44683

3. If the proposed site is close to an **existing** Driver's License Examination Station (Exam Station), what is the address of the Exam Station?

Is the proposed site located within the same building, an adjacent building, the same business district, or the same shopping center as the Exam Station?

No \_\_\_\_\_ Yes \_\_\_\_\_

Is it located within approximately one-half mile (0.5 miles) from the Exam Station?

No \_\_\_\_\_ Yes \_\_\_\_\_

If YES, specify distance to nearest one-tenth mile: \_\_\_\_\_

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Exam Station and return):

4. If the proposed site is close to an **existing** Clerk of Courts Title Office (Title Office), what is the address of the Title Office?

206 E. 3<sup>RD</sup> ST.  
Ulrichsville, Ohio  
44683

Is it located within the same building, an adjacent building, the same business district, or the same shopping center as the Title Office?

No \_\_\_\_\_ Yes ☒

Is it located within approximately one-half mile (0.5 miles) from the Title Office?

No \_\_\_\_\_ Yes \_\_\_\_\_

If YES, specify distance to nearest one-tenth mile: \_\_\_\_\_

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Title Office and return):