

# OPERATIONAL EVALUATION (2024)

Alfred Mason  
18-E / 24056  
Cuyahoga County, Cleveland  
2765 East 55th St., Suite 4

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	4	
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>40</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>121</u> Proposed: <u>210</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2024 Ohio Minimum Wage Rate = \$7.25 or \$10.45 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: \$_____ On Deposit (Form 3.4): \$_____	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) 19

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

Comments: \* Missing 4.2 & 4.4  
\* Work hours & pay not calculated correctly  
\* No visible notary seal/stamp on contract

	Evaluators' signatures	Printed names	Date
(1)	<u>Robert A. Frigale</u>	<u>Robert A. Frigale</u>	<u>2/26/24</u>
(2)			

Operational Evaluation (2024)

# PAYROLL COMPARISON – 2024

**Proposer Name: Alfred Mason**

Evaluator Printed Name: Robert A. Fragale

## 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
Highest Rate	\$22.00	\$20.00	\$20.00			
Lowest Rate	\$15.00	\$10.00	\$10.00			
Number of Hours Recommended	268	121	174			
Number of Hours Proposed	370	210	210			
Total Monthly Wages	\$21,720	\$12,220	\$12,220			

Comments: \* Proposer does NOT have a lease option for location 18-E.

# PERSONAL EVALUATION (2024)

Alfred Mason  
18-B / 24055  
Cuyahoga County, Mayfield Heights  
BMV Site

Evaluation Team Number: \_\_\_\_\_  
Location(s) Proposed: (#1) 18-B 18-E 28-A \_\_\_\_\_  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  
Verify Proposer's Full Name: (#2) Alfred A. Mason Jr.  
Proposer's County of Residence (NPC Operation): (#4) Cuyahoga  
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>25</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

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

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

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>2/26/24</u>
(2)	_____	_____	_____

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

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

Company: How License Bureau

Relationship: Deputy Registrar

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): 7/2007 To (date): 1/2016 Length: 8.5 years

Verified Hours 40 = Factor 1 x Years 8.5 x Points 50 = 425

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.	Stow license Bureau	# NA	=	1.0	x	8.5	x	50	=	425	✓
B.		# NA	=	1.0	x		x	50	=		
C.		# NA	=	1.0	x		x	50	=		
<b>Subtotal of 13-A, 13-B &amp; 13-C =</b>										425	

### 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	=		
<b>Subtotal of 14-A, 14-B &amp; 14-C =</b>											

### 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	=		
<b>Subtotal of 15-A, 15-B &amp; 15-C =</b>											

**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	=		
<b>Subtotal of 16-A, 16-B, 16-C &amp; 16-D =</b>											

**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	=		
<b>Subtotal of Lines 17-A, 17-B, 17-C &amp; 17-D =</b>											

**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?	11	0
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)?		

**PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points) 29**

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		

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)	*

**PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points) 25**

**PERSONAL EVALUATION**

OK | NO

28. Credit Report (issued in 2024) / Certificate of Good Standing for Nonprofit Corporation  
\*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

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

15

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

Comments:

\* Proposer submitted DCI/FBI receipt but no results were received by the BMU.

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Alfred A. Mason Jr.

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		
2024 Credit Report	✓		N/A	X	1	2024 Certificate of Good Standing		
2024 Local Law Enforcement Report	✓		2024 Local Law Enforcement Report			Articles of Incorporation		
2024 WebCheck Receipt	✓		2024 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:

18-E      28-A      18-B      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

2. Full legal name of proposer Alfred A. Mason Jr

3. Proposer's street address \_\_\_\_\_

City Solon State Ohio Zip code 44139

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

5. Daytime telephone \_\_\_\_\_ Home telephone (\_\_\_\_\_) \_\_\_\_\_

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

7. Spouse's name (nonprofit corporation N/A) Tracey N. Mason

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

City Solon State Ohio Zip code 44139

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? \_\_\_\_\_

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 ___ No <input checked="" type="checkbox"/>
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___

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

Yes \_\_\_ No

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

Name	Relationship	Employment Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

No \_\_\_ Yes

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

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

Yes \_\_\_ No

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

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

Yes \_\_\_ No

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

Yes \_\_\_ No

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

Yes \_\_\_ No

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

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

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

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

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

High school diploma?

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

High school name Shaw High School

City East Cleveland State Ohio Zip 44139

College name Kent State University

City Kent State Ohio Zip 44240

Major Economics Degree awarded Bachelors

College name Cleveland State Univestiy

City Cleveland State Ohio Zip 44115

Major Public Administration Degree awarded Masters

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 extensive experience through my educational and professional career using the following computer programs

Word

Outlook

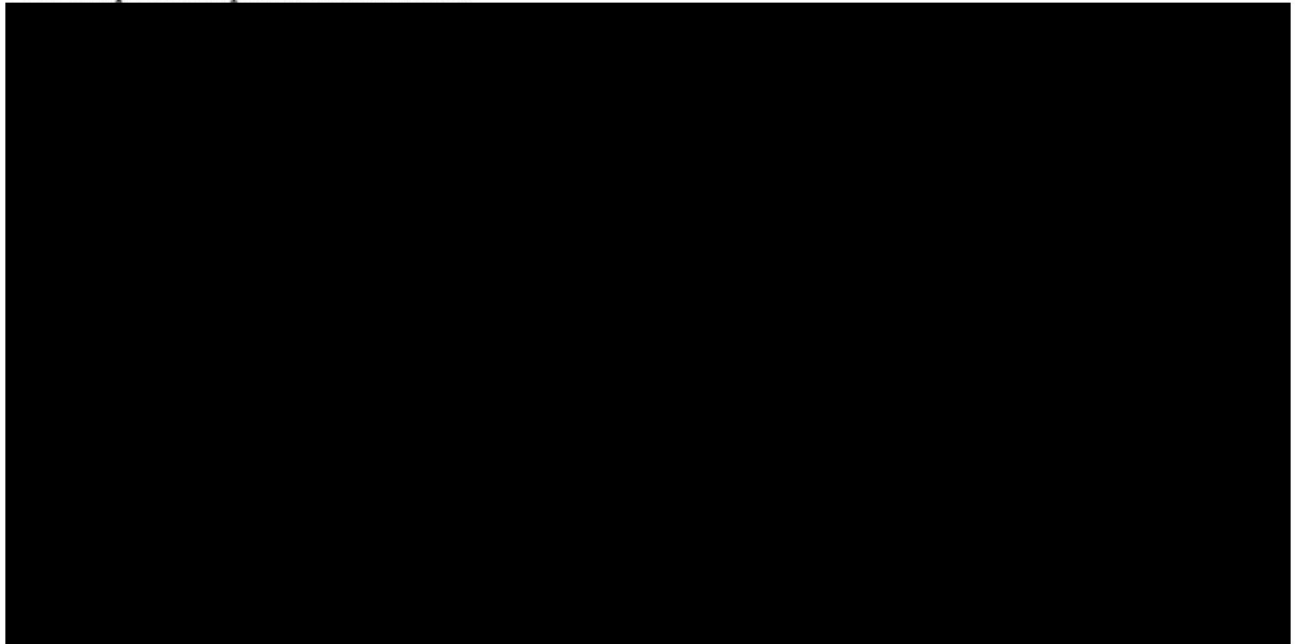
excel

Chrome

BMV Computers

facebook/instagram

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



List any special instructions for contacting this person during business hours:  
Leave messae if necessary and she will return call.



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 Alfred A. Mason Company name Stow License Bureau  
Company address 3039 Graham Rd City Stow  
State Ohio Zip 44224 Telephone ( 330 ) 677-6788  
Type of business (deputy registrar, retail grocery, etc.) Retail sales of state license services.

Company's products and/or services \_\_\_\_\_

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

1. Federal Tax ID Number: \_\_\_\_\_
2. Percentage of business you owned: 100 % Hours worked weekly 40 +
3. Dates you operated this business: From: month 7 year 2007 To: month 1 year 2016
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? 7
8. Have you ever developed a comprehensive business plan? No \_\_\_\_\_ Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact 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
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## 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 Alfred A. Mason Company name Mason Property Management  
Company address 36002 Derby Downs Dr City Solon  
State Ohio Zip 44139 Telephone ( 216 ) 990-3604  
Type of business (deputy registrar, retail grocery, etc.) Real estate management.

Company's products and/or services Home remodeling services, property management services and provider of affordable housing

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

1. Federal Tax ID Number: \_\_\_\_\_
2. Percentage of business you owned: 100 % Hours worked weekly 10 +
3. Dates you operated this business: From: month 4 year 1993 To: month \_\_\_\_\_ year \_\_\_\_\_
4. Is/was this business profitable? No \_\_\_\_\_ Yes
5. Is/was this business your primary source of income and support? No  Yes \_\_\_\_\_
6. Do/did you directly hire, evaluate, train, and discipline employees? No  Yes \_\_\_\_\_
7. Do/did you directly manage employees on a daily basis? No  Yes \_\_\_\_\_  
If you answered yes to question number 6, how many employees do/did you manage? \_\_\_\_\_
8. Have you ever developed a comprehensive business plan? No \_\_\_\_\_ Yes

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

Name	City	State	Zip	Daytime Phone
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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 Alfred a. Mason Jr Company name University Hospital  
Company address 23333 Harvard Rd City Beachwood  
State Ohio Zip 44122 Telephone ( 216 ) 593-2200  
Type of business (deputy registrar, retail grocery, etc.) Rehabilitation hospital

Management/supervisory duties Ran the day to day operation of the facility  
manatement operation.

MANAGER OR SUPERVISOR - Job title: Alan Zedaker

- Title of position Director of Plant Operations Hours worked weekly? 40
  - Dates this position was held: From: month 1 year 2020 To: month      year
  - Do/did you directly hire, evaluate, train, and discipline employees? No      Yes
  - 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? 15
- 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
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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 Alfred a. Mason Jr Company name Eliza Bryant Village  
Company address 7201 Wade Park Ave City Cleveland  
State Ohio Zip 44103 Telephone ( 216 ) 361.6141  
Type of business (deputy registrar, retail grocery, etc.) Nursing and Rehabilitation center

Management/supervisory duties Ran the day to day operation of the facility  
management operation.

MANAGER OR SUPERVISOR - Job title: Deborah Enty - Administrar

1. Title of position Director of Facilities Hours worked weekly? 40
2. Dates this position was held: From: month 3 year 2016 To: month 1 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? 17
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
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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 Alfred A. Mason Jr Company name Ursuline College  
Company address 2550 Lander Rd City Pepper Pike  
State Ohio Zip 44124 Telephone ( 216 ) 431.4500  
Type of business (deputy registrar, retail grocery, etc.) Higher Learning Institution

Management/supervisory duties Ran the day to day operation of the facility  
management operation.

MANAGER OR SUPERVISOR - Job title: Jeff Thompson - Facilities Director

- Title of position Facilities Manager Hours worked weekly? 40
  - Dates this position was held: From: month 3 year 2003 To: month 7 year 2007
  - Do/did you directly hire, evaluate, train, and discipline employees? No  Yes
  - 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? 13
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
[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 Alfred A. Mason Jr Company name CMHA

Company address 8120 Kinsman City Cleveland

State Ohio Zip 44104 Telephone ( 216 ) 348.5000

Type of business (deputy registrar, retail grocery, etc.) Affordable house organization

Management/supervisory duties Ran the day to day operation for a community project.

MANAGER OR SUPERVISOR - Job title: Mike Jones - Area Property Supervisor

1. Title of position Property Manager Hours worked weekly? 40

2. Dates this position was held: From: month 11 year 1999 To: month 3 year 2003

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? 20

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
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### 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):

Provide additional education and good customer service tips to staff members relating to customer service.

Recruit/employ top academic achievers who understand the concept of providing excellent customer service.

Assure that my agency is clean, well light, organized and ran professionally.

Implement and define competency standards to enhance staff's ability to carry out their duties to provide excellent service.

Answer phones with a live personnal to handle customers questions personally.

Schedule additaion staffing during recognized high volume periods.

Provide seating and hold place in line for those who appear unable to stand for long periods of time.

Provide sanitized environment for customers and staff to prevent the spread of Covid19. Ensure that there is enough space to social distance.

### 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 2021		JAN 1 - DEC 31 2022		JAN 1 - DEC 31 2023		2024 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		✓		✓		✓		✓

### 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?

I will manage my agency by being a visuable deputy on site. I will take responsibility by following all policies set forth by the Registrar. I will be accountable by taking full responsibilty for all of the agencies short comings and then devise best practices to turn short coming to successes.

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?

This all begins with hiring the right people. Then providing training by seasoned management staff which will have at least eight plus years of experience operating a successful license bureau. Once management feels comfortable that employees are ready to handle customers it will be mandatory for staff to read the BMV manual and broadcast during any down time.

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

I would educate staff that there is zero tolerance for fraud of any kind in the work place. All staff would have to sign the computer compliance agreement which spells out the punishment for par-taking in fruadulent activites. Also there will be mulitple sets of eyes on documents along with multiple staff signatures required to verify accurate information which will help alter, detect and prevent fraud.

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?

Emailed broadcast will be immediately retrived and made available for staff review. All staff will be required to read the latest broadcast before their shifts starts and initial page for verification that they have read and comprehend the new information. All broadcast will be discussed as a team to clarify any misinterpretations.

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

I will demonstrate excellent leadership by leading my staff by example. I will talk less with staff and listen more. I would not show favoritism amongst staff. I'd do my fair share of work on the front line servicing customers and behind the scenes with daily reconciliation of paper work.

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

I would set high ethical standards for myself and staff then support those standards with training, communication and an atmosphere of trust. I would set the example of proper performance. I would regularly acknowledge and reward excellence. Give meaningful feedback when problems arise. Enforce guidelines evenly. Supply appropriate tools to enable staff to perform duties effectively.

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

I would recruit from the local population including local colleges and universities in the area. Vetting those for the best of the best. In order to retain quality employees I would offer a great work environment and a competitive wage.

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

I would provide a safe environment by ensuring that my place of business is appropriately lit. Provide visible security cameras and signage. My agency will be cleaned and dusted daily and deep cleaned and painted as needed, annually. Great customer service techniques will be taught to each staff member to ensure that it's a friendly and knowledgeable place to do business.

9. How would you deal with an irate customer?

From previous experience; customers become irate when they feel they are not given all the information needed to get the services they are in need of. Therefore, I would instruct my staff to allow the customer to explain themselves without interruption. Once we have established the customer's situation, we would calmly explain to the customer all the information needed to get the services that they seek. A listening ear that understands difficult circumstances helps.

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

At my previous agency our moto was "Kill them with kindness". My advise is to remain calm. Cooler heads always prevail. Don't take it personal and use your best listening skills. Show empathy. Apologize, if needed, gracefully. Then get to work on finding solutions. Once the situation is over take a few minutes to gather yourself.

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

In order to meet the BMV's expectaions I would develop a working relationship with my assigned field representative in order to ger a clear understanding of expectations. Then organize and prioritize time to maximize when and what gets done. If I am unsure of something I would ask for clarifiaction early on. I would assemble the right team. then hustle to get things done.

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

The Bureau of Motor Vehicles should consider me for a Deputy Registrars Lincese Agency contract because I have over 25 years of public service. Eight and a half of those years was spent as a successful Deputy Registrar and excluding eight years of military service to our country. Eighteen of my years of public service I served in the capacity of a manager or above. In addition, I have a Master Degree in Public Administration. Taking all of the above into consideration, my life experiences are well rounded to carry out any and all Deputy Registrars duties to their fullest.



**3.10(A) AFFIDAVIT OF INDIVIDUAL**

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

County of Cuyahoga :

State of Ohio :

I, Alfred A. Mason Jr., 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: Alfred A. Mason Jr.

Sworn to and subscribed in my presence by the above named Alfred A. Mason Jr.

on this 29 day of January, 2024

  
Notary Public

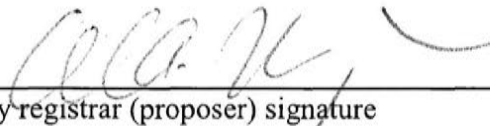
Printed name of Notary Public: Dianne Simpkins

My commission expires: 7-14-26

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Alfred A. Mason Jr Location number: 18-E

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 40 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: 1/28/24

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Alfred A. Mason Jr. Location number: 18-E

**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 \$385,000 per year and \$10.45 per hour by businesses with gross receipts of \$385,000 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	40.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40.00	\$ 20.00	\$ 800.00	\$ 3,200.00
Assistant Office Manager	40.00	\$ 17.00	\$ 680.00	\$ 2,720.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>4</u>	75.00	\$ 13.00	\$ 975.00	\$ 3,900.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u>	15.00	\$ 10.00	\$ 600.00	\$ 2,400.00
<b>TOTALS</b>	<b>210.00</b>	<b>N/A</b>	<b>\$ 3,055.00</b>	<b>\$ 12,220.00</b>

**STATE OF OHIO**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BUREAU OF MOTOR VEHICLES**  
**DEPUTY REGISTRAR CONTRACT - 2024**

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 Alfred A. Mason Jr. \_\_\_\_\_, (deputy registrar, herein) whose

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

(City) Solon, Ohio (Zip) 44139, to operate a deputy registrar agency, Location No. 18-E, to be located as follows: in the

State of Ohio, County of Cuyahoga

City/Village/Township (indicate which) City of Cleveland

Street address: 2765 E 55st Unit 4

(City) Cleveland, Ohio (Zip) 44104

**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 2024 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 2024 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 30<sup>th</sup> day of **June, 2024**, and shall end on the 30<sup>th</sup> day of **June, 2029**, unless otherwise terminated as provided herein;



Alfred A. Mason Jr

18-E

Site

## 5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Alfred A. Mason Jr

Location Number 18-E

Proposed Site Address 2765 E 55th st Unit 4

Proposer's Telephone Number (number where BMV staff can reach you) ( XXXXXXXXXX )

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): 18-E  
Street address of site 2765 E 55th st, Unit 4  
City Cleveland, Ohio, Zip Code 44104
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.





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

Owner(s)' signature(s): \_\_\_\_\_  
\_\_\_\_\_

Owner(s)' printed name(s): \_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2024, by the owners, \_\_\_\_\_  
\_\_\_\_\_

Notary Public


Printed name of Notary Public: \_\_\_\_\_

My commission expires on \_\_\_\_\_

I hereby accept this option.

Owner agrees to continue lease if I am awarded contract.

1-29-24  
Date

  
Optionee signature, Deputy Registrar Proposer