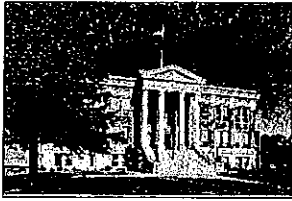


Grant County
Request for Proposal
Subagency Replacement

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GRANT COUNTY
AUDITOR'S OFFICE
P.O. BOX 37
EPHRATA, WA 98823

TO: Vehicle/Vessel License Subagent Applicants
FROM: Lori Kinzel, Deputy Auditor Grant County Auditor's Office
RE: Request for Business Proposal – Department of Licensing Subagent

Grant County is accepting written business proposals for a vehicle/vessel license subagency appointment in the City of Quincy.

Attached is information to help you in your submission. The proposal should address each specific subject area.

Your submitted proposal will be part of a competitive appointment process. It is important that you answer the questions as thoroughly as possible giving specific descriptive details. Successful business proposal applicants will be scheduled for a personal interview.

Grant County will make a recommendation to the Director, State of Washington, Department of Licensing who makes the final subagency appointment.

Please understand that we are asking for a proposal only. We do not expect, nor do we require signed leases, employment contracts or any obligation that is binding in any way.

Please submit a business proposal to:

Grant County Auditor Attn: Lori Kinzel - Deputy Auditor 35 C St NW/PO Box 37 Ephrata, WA 98823

If you have any questions please contact Lori at 509 754 2011 ext 2742

ALL PROPOSALS MUST BE RECEIVED NO LATER THAN 4:00 On June 15, 2018.

The Department of Licensing provides equal opportunity when appointing subagents. Women, minorities, aged and disabled persons are encouraged to apply.

Request for Proposal
For
Subagency Replacement
For
The City of Quincy

Grant County
Auditor's Office – Motor Vehicle Licensing

Michele Jaderlund - Auditor
Lori Kinzel – Deputy Auditor

Application Submission Deadline:
June 15, 2018
4:00 p.m.

Interested applicants must meet, at a minimum, the following criteria:

1. Suitability of location, which will provide adequate service to the public;
2. Defined operating hours;
3. Public parking including disabled accessibility;
4. Must be able to meet bond and insurance requirements;
5. Must meet state mandated record keeping and reporting requirements;
6. Must attend mandatory training sessions at various locations in Grant County;
7. Must maintain required certification annually through continuing education;
8. Must provide adequate trained staff to meet technical and public service level requirements;
9. Must meet and maintain performance standards set by Grant County Auditor's Office and the State of Washington Department of Licensing;
10. Agree to comply with Equal Opportunity and human rights laws;
11. Agree to provide full vehicle and vessel licensing services;
12. Agree to establish a special Subagent/Department of Licensing Agency bank account;
13. Enter into a contractual agreement that is binding upon the subagent and subagent employees.

The Department of Licensing provides Equal Opportunity when appointing Subagents. We encourage all qualified persons, including members of protected groups under applicable state and federal law, to apply.

Purpose and Background of Subagents

What is a Subagency?

First and foremost, titling and licensing services are a government activity. Subagents, as privately operated businesses, are appointed by the State for the purpose of providing vehicle and vessel title and licensing services to the public, in addition to any other services allowable by law or by policy that may be appropriate. The use of subagents allows licensing services to be offered in more locations and in more convenient locations than just the County Courthouse.

The appointment itself is not a business per se and there are no owners in the usual sense. The appointment cannot be sold, traded or otherwise transferred to a different person or persons. If the appointee is an established business at the time of application, the owners of the business are the appointees and if the business changes ownership, the appointment is canceled and subject to procedures for appointment of a replacement Sub-agency.

What are the Levels of Authority?

The Legislature has created laws to govern the licensing and titling of vehicles and vessels. The Department of Licensing (DOL) has been charged by the Legislature with this responsibility. DOL has been authorized to appoint Agents (County Auditors) and subagents to assist them in the performance of these duties.

The Agent (County Auditor) reports directly to DOL. The number of subagents for a particular county is determined primarily by the number of transactions that occur in that county. Subagents are selected by the Agent through a competitive proposal process.

The Agent is responsible for the training, monitoring, oversight and auditing of the subagents within their jurisdiction.

What is the Nature of the Work?

Operating a vehicle/vessel licensing subagency is essentially and most importantly a public service. Members of the public seek a full range of vehicle/vessel licensing services. The subagency **must provide** full motor vehicle licensing services; examples include:

- Preparing and processing original ownership of vehicles/vessels and issuing duplicates for the same;
- Processing annual renewals of vehicle/vessel licenses and issuing duplicates for the same;
- Preparing and processing registration documents;
- Preparing permits, tonnage and specialized registrations (*ie*, farm vehicles, snowmobiles);

Grant County
Request For Proposal
Subagency Replacement
Section 2 - Purpose and Background of Subagents

- Calculating, collecting, depositing and reporting of associated fees;
- Receiving and controlling all accountable inventory associated with licensing; and
- Providing all services related to disability parking transactions.

What does DOL provide?

Unlike private operations, much of the operation of this service is provided by the State of Washington through DOL. Tangible and intangible items include:

- Written policies and procedures for conducting transactions;
- Equipment related to licensing transactions:
 - Statewide software system
 - Desk computers connected to statewide system;
 - Printers;
- Forms;
- Specialized paper; and
- Accountable inventory, including plates, tabs, placards, and permits.

What does the Subagent provide?

The owner of a subagency must provide the remaining aspects of the business, some of which must meet specific conditions set by DOL:

- An adequate, secure office space,
 - Including sufficient and convenient public access and parking that meets ADA accessibility requirements;
- Adequate staff, in terms of numbers and training, to meet public demands for service,
 - Staff must be tested and certified by the Agent before processing licensing and titling transactions on the statewide software system, which requires training, experience and successful completion of testing.
 - Staffing levels must be sufficient to ensure that the public is served in a timely manner. Staffing levels should take into account breaks, lunches, sick and vacation time.
 - Staff must attend continuing training sessions presented throughout the year. Attendance is mandatory.
- Basic business equipment, such as phones, calculators, work space, and cash drawers;
- Insurance and bond coverage with the name insured as Spokane County and State of Washington, Department of Licensing and must require the insurer to provide thirty day written notice of any cancellation or alteration of the endorsement or policy. All bonds must be issued by a company authorized to transact surety business in the state of Washington and acceptable to DOL:

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Subagency Replacement
Section 2 - Purpose and Background of Subagents

- Fidelity bond of the amount specified in agency specific information. The bond is to provide fidelity coverage for any fraudulent or dishonest act committed by the subagent or by a subagent employee;
- Insurance coverage equal to the replacement cost of the state property (including the loss of monies and/or securities) in the subagent's possession, including fire, casualty, vandalism, and malicious mischief, at a minimum;
- Insurance against robbery inside and outside the premises. Policy must include the actual value of license tabs and license plate replacement costs as well as money; and
- A checking account at a local bank in the name of the Department of Licensing, Agency Account, Subagency Name, Subagent. Signatures on the account include representatives of DOL, Agent and subagent. The bank must accept electronic withdrawals and deposits.

How is the subagent paid?

Subagents receive a fee per transaction completed. The fees retained by the subagent are \$12 for each title and \$5 for each tab renewal.

The state and county portions of the fees are transferred daily. The state performs an electronic withdrawal on a daily basis. The subagent writes a check daily to the County.

Grant County
Request For Proposal
Subagency Replacement
Section 3 – Subagency Application Checklist

Subagency Application Checklist

All application package material must be submitted to the proper address or hand delivered to the Auditor's Office MVL on the first floor in the County Courthouse by the due date. Late, faxed or incomplete applications will not be considered.

Please provide the information in the order below:

1. **Vehicle/Vessel Licensing Subagent Application (from appendix 6B):** This application must be completed and signed by all applicants.
2. **Business Proposal Responses (from section 5):** The questions in this section provide detail about your background and your business plan. Please number your responses to match the questions. Arrange your responses in separate tabs:
 - A. Background Experience
 - B. Business Proposal – ensure that letters from the insurance company and financial statements are included as part of your response
 - C. Proposed Business Site/Facility
3. **Authorization and release form for consumer credit report (from appendix 6C):** A separate form must be completed and signed by each applicant.

Grant County
Request for Proposal
Subagency Replacement
Section 4 – Agency Specific Information – The City of Quincy

Agency Specific Information – The city of Quincy

This appointment is a replacement sub-agency that will be in the same general locality or will operate in the same physical area and serve the same clientele as the previous sub-agency that is being replaced.

Physical location:

This sub-agency will serve the City of Quincy, and the surrounding area of Grant County.

Number of Staff:

The number of trained staff for this sub-agency is estimated to be 2.

Number of Workstations:

The number of authorized workstations for this sub-agency is 2.

Hours of Operation:

This sub-agency must be in operation, at a minimum, during normal State business hours Monday through Friday. Saturday is an optional day, with a minimum of 4 hours. Sub-agencies will observe the normal State holiday schedule for closures.

Bonding Requirements:

The fidelity bond required for this sub-agency for the first year is \$35,000.

Insurance Requirements:

The insurance requirement for this sub-agency for the first year is \$35,000.

Grant County
Request for Proposal
Subagency Replacement
Section 4 – Agency specific Information – The City of Quincy

Statistics of Transaction counts:

Below is the transaction counts for the subagency that is being replaced. Due to our new computer system that was implemented in December 2016 we are only able to provide the 2017 year.

Title transactions

5496

Renewal transactions

11769

Grant County
Request for Proposal
Subagency Replacement
Section 5 – Business Proposal Guidelines

Background Experience

Please give specific, detailed descriptions and relate how this experience makes you qualified for operating a sub-agency contracted to perform a government service. All statements must be verifiable. References may be contacted for further verifications.

- 1. Employment**
 - 1.1. nature of work
 - 1.2. description of job functions
 - 1.3. where, when, how long
 - 1.4. references, recommendations
- 2. Business**
 - 2.1. type of work
 - 2.2. where, when, how long
 - 2.3. size of business
 - 2.4. ownership of business
- 3. Management/Supervisory**
 - 3.1. how many people
 - 3.2. nature of work
 - 3.3. where, when, how long
 - 3.4. references, recommendations
- 4. Financial**
 - 4.1. budgeting
 - 4.2. forecasting
 - 4.3. checking, business accounts

Business Proposal

Please give specific, detailed descriptions. All statements must be verifiable. References may be contacted for further verifications.

- 1. Staffing- requirement for sufficient staff for full service agency**
 - 1.1. List the number of full and or part time employees
 - 1.2. List names and addresses of the employees you are planning on hiring

- 2. Staffing qualifications**
 - 2.1. Experience
 - 2.2. Certifications
 - 2.3. Description of job functions

- 3. Bonding/Insurance**
 - 3.1. Has the applicant ever been bonded and/or insured
 - 3.2. Has the applicant ever been denied a bond?
If yes, describe the circumstances surrounding the denial.
 - 3.3. Has the applicant ever been denied insurance?
If yes, describe the circumstances surrounding the denial.
 - 3.4. Attach a letter from bonding company stating you'll be issued a fidelity bond in the amount specified in Section 4.
 - 3.5. Attach a letter from the insurance company stating you'll be issued an insurance policy in the amount specified in Section 4.

- 4. Financial Condition**
 - 4.1. Provide documentation of adequate financial backing
 - 4.2. Name and contact information of any financial backers
 - 4.3. Current financial statements for applicant and any financial backers

- 5. Other Services**
 - 5.1. Will these DOL subagency services be offered in addition to other services
 - 5.1.1. An existing private business or service
 - 5.1.2. A planned new service
 - 5.1.3. Additional government services
 - 5.2. If other services are being offered, is there any potential conflict between DOL services and the other services.

Proposed Business Site/Facility

Only one business site will be awarded to the chosen applicant under this proposal. However, the bidder can submit more than one site with the bid. Please provide a **separate profile of each business site** that you are proposing.

1. Location

- 1.1. Address
- 1.2. Nearest major intersection

2. Office size

- 2.1. Total square footage
- 2.2. Have you provided adequate work space for employees, workstations, required inventory items, supplies and forms and comply with provisions of the Americans with Disabilities Act if required?
- 2.3. Is there sufficient customer waiting area to accommodate anticipated high volumes of business?
- 2.4. Is there sufficient display area and customer access to licensing related publications? (Brochures, applications, posters, etc.)
- 2.5. Floor plan.
A floor plan to include: 1. workstation locations, 2. counter height and length, 3. data line entry, 4. dedicated power source, 5. secure storage, 6. diagram of available parking for disabled

3. Accessibility

- 3.1. Is the site easily accessible to the public? Is the site and facilities arranged in a manner that complies with the provisions of the Americans with Disabilities Act?
- 3.2. How many public parking spaces?
- 3.3. How many disability parking spaces?

4. Security

- 4.1. Have you provided a work area containing money, accountable inventory and licensing documentation inaccessible to anyone other than authorized licensing personnel?
- 4.2. Have you provided an area that excess inventory can be locked in a secure place?
- 4.3. Have you provided an area that during non-working hours, all money, accountable inventory and licensing documentation can be kept in a locked room or cabinet accessible only to authorized licensing personnel?
- 4.4. Does security maintain and restrict access to DOL automated equipment to authorized personnel?
- 4.5. Describe internal and external security.

5. Visibility

- 5.1. Describe your proposed placement of signs, inside and outside.

Appendices

Grant County
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Section 6A – Cost Suggestions

Section 6A – Cost Suggestions

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Section 6A – Cost Suggestions

For your information we have listed below some of the costs you may incur in doing business as a subagent.

General Costs

- Rent or lease
- Taxes (local, State, Federal)
- Insurance
- Bond
- Remodeling
- Photo copying services
- Office furniture and counters
- Messenger or common carrier
- Publications, (Vehicle appraisal guides, zip code)
- Accountant fees
- Agent fees
- Parking facility
- Attorney fees
- Office supplies
- Janitorial
- Banking charges
- Membership dues
- Advertising
- Signage
- Utilities
- Yellow page listing

Equipment

- Installation of communication lines for DOL equipment
- Telephone
- Fax
- Safe or vault
- Security system
- Answering machine
- Copy Machine

Personnel

- Salaries
- Benefits
- Insurance
- L & I insurance
- Travel

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Subagency Replacement
Section 6B – Subagent Application Form

Section 6B – Subagent Application Form

NOTE:

This form is on letter paper, 8 ½” by 11”

Vehicle/Vessel Licensing Subagent Application

You can use this form to apply as a new subagent, change a subagent business name, or subagent replacement.

Application type:

- New subagent
- Change of subagent business name
- Replacement subagent

Subagency information

TYPE or PRINT Subagency licensed business name (as filed with Master License Services)			
Name business will do business as (if different from above)			
Address			
City	State	ZIP code	County
Mailing address (if different)			
City		State	ZIP code
(Area code) Telephone number	(Area code) Fax number	Email	
Proposed business open date (mm/dd/yyyy)	Days and hours of operation Day(s) _____ Hours _____		
Business ownership structure (as provided through open competitive process)			
<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership (define type) _____	
<input type="checkbox"/> Municipality	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation (define type) _____	
State where incorporated/formed _____		Year incorporated/formed _____	

Subagent applicants/appointees – List all names of applicants/appointees for this business as provided through the open competitive process. Attach additional pages if needed.

1	Name (Last, First, Middle)		Business title	
Address (Residence or mailing)		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		
2	Name (Last, First, Middle)		Business title	
Address (Residence or mailing)		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		
3	Name (Last, First, Middle)		Business title	
Address (Residence or mailing)		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		
4	Name (Last, First, Middle)		Business title	
Address (Residence or mailing)		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		

Subagent applicants/appointees – continued

Applicant/Appointee signatures

<p>X Signature _____ Date _____</p> <p>X Signature _____ Date _____</p>	<p>X Signature _____ Date _____</p> <p>X Signature _____ Date _____</p>
---	---

Answer the following

Have any of the applicants/appointees been convicted of a misdemeanor or felony within the past 7 years that might unfavorably affect their appointment as a subagent? Yes No

If yes, please explain:

County Auditor/Agent

- I am confident the applicant(s)/appointee(s) is able to and will perform all duties required of a vehicle/vessel license subagency, and if appointed, will be fully trained and meet banking, bonding, and insurance requirements included in the standard contract and applicable Department of Licensing (DOL) Policies and Procedures.
- This office will educate, train, and qualify the applicant as provided in the standard agent contract and DOL Policies and Procedures.
- I have reviewed and verified the information provided in this application is accurate.

X

Name of county _____ County Auditor/Agent signature _____

Department use only

Appointing authority approval/disapproval

Approve Disapprove

If disapproved, please explain: _____

X

Director signature _____ Date _____

Request For Proposal
Subagency Replacement
Section 6C – Notice and Authorization – Consumer Report

Section 6C – Notice and Authorization – Consumer Report



THE INFORMATION

www.ACRAnet.com

**Exhibit A-4
Notice for Applicant/Employee**

**'Notice of Intent' and 'Authorization'
to Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes**

The undersigned applicant/employee is hereby notified that _____ (Employer) with may obtain an investigative consumer report for employment purposes through ACRAnet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of California, Oklahoma OR the state of Minnesota: Yes No
If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.
Please provide me a copy of my credit report as indicated above

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Date of Birth: ____/____/____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____ **State of Issue** _____

Signature: _____ **Date:** _____

NOTE:
The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

NOTE: Check box indicates this position requires an employment credit report due to law, fiduciary responsibilities or access to cash, valuables or sensitive consumer records. Signature acknowledges acceptance of this requirement.