

Santee

6MO

Proposal

To Continue Providing
Early Intervention Special Instruction
to Infants and Toddlers
and their families
throughout
Luzerne and Wyoming Counties

July 1, 2014 to December 31, 2014

Submitted by:

Deborah A. Santee

Deborah A. Santee
signature

4-14-14
date

DEBORAH A. SANTEE
EARLY INTERVENTION TEACHER
SPECIAL INSTRUCTION
189 BRIDGE STREET
TUNKHANNOCK PA 18657
(570)836-1438 e-mail: deborahs@epix.net

April 14, 2014

Ms Pam Guarneri
Luzerne County Purchasing Department
20 North Pennsylvania Avenue Suite 203
Wilkes Barre, PA 18711

Dear Ms Guarneri:

Enclosed please find one original and two copies of my proposal to continue as an Independent Special Instruction Teacher providing Early Intervention Services to Infants and Toddlers and their families throughout Luzerne and Wyoming Counties from July 1, 2014 through December 31, 2014.

My qualifications include more than 32 years of providing Special Instruction to the Infant/Toddler population and their families – the last thirteen years as an Independent Service Provider. In addition to my Pennsylvania teaching certificate, I have attended numerous continuing educational trainings and successfully completed my Compliance Monitoring/Verification with MH/DS without citation for twelve consecutive years.

Included in my proposal are copies of my child abuse and criminal record clearances as well as documentation of my professional liability insurance coverage with accompanying endorsements for PA Dept of Public Welfare and Luzerne-Wyoming Counties.

This year I have also included a completed Bidder Signature Form, a signed Proposal Blank along with a notarized copy of a Non Collusion Affidavit.

I look forward to continuing to provide services for the Luzerne-Wyoming Counties MH/DS Early Intervention Program.

Sincerely,

Deborah A. Santee

Deborah A. Santee

Enclosures

PROGRAM OUTCOMES

Early Intervention Services are designed to enhance a family's capacity to effectively meet the developmental and educational demands of their infant/toddler with special needs throughout their daily routines both in their home and in the community.

Special Instruction concentrates on the child's ability to think, attend and problem solve but also closely monitors the child as a whole observing all areas of growth and development including cognitive, communication, adaptive, social, vision and hearing, and physical skills.

This service is provided within the child's typical environments of home and community and is embedded within naturally occurring learning opportunities that exist throughout the family's day. The service is designed to recognize, respect and meet the unique circumstances and cultural needs of each family.

Through ongoing monitoring via observation and conversation, each family generates its own measurable outcome(s) building on their strength as the child's primary source of learning. This outcome may reflect the family's concern to be able to meet their child's needs while engaging in their daily activities.

These strengths and concerns become the foundation for their Individualized Family Service Plan (IFSP). It is this family-generated routine based outcome(s) about which data is regularly collected and progress is measured. Progress is also formally documented with OSEP ECO Data Collection using Ounce Online and the corresponding developmental profiles.

PROGRAM BUDGET / NARRATIVE

My current contract with Luzerne-Wyoming Counties MH/DS is set at a 6 month maximum allocation of \$18,500. I also provide Special Instruction Services to those infants/toddlers who qualify for ITF Waiver funding.

Families, whose child qualifies for Luzerne-Wyoming Counties Early Intervention Services through an Independent Assessment Team's Multi-Disciplinary Evaluation, are provided the opportunity to choose their child's Direct Service Provider from a state wide list of Early Intervention Providers. My actual salary is based on individual authorizations for service as chosen by families and referred to me through the Service Coordination Unit.

I am reimbursed at a rate pre-set by the state of \$27.99 per unit of time for direct service. This rate can be justified by recording expenditures and compiling and maintaining a file of nonreimbursed time needed to provide each family with best practices.

Billing documentation, verified by signatures of family and teacher and documented by state generated Remittance Advices, is reviewed during my annual Compliance Monitoring.

A copy of my 2013 U.S. Individual Income Tax Return 1040 including Schedule C Form 1040 have been included with this proposal.

PROJECTED NUMBERS

July 1, 2013 through December 31, 2013

For this six month time period, I provided Special Instruction Early Intervention Services to 10 infants/toddlers and their families throughout Luzerne and Wyoming counties.

January 1, 2014 through June 30, 2014

So far, I have provided Special Instruction to 10 infants/toddlers and their families during this six month time period. I project the total number of children and their families served by the conclusion of six months to reach approximately 12 to 14 children.

July 1, 2014 through December 31, 2014

I propose, during the six month time period noted, the number of infants/toddlers and their families throughout Luzerne and Wyoming counties for whom I will provide Special Instruction Early Intervention Services, to be at least 12 to 15.

PENNSYLVANIA DEPARTMENT OF EDUCATION



Professional Certificate

DEBORAH A SANTEE

NUMBER 178-44-9272 PENN STATE UNIVERSITY PA

This certificate entitles the holder to teach the subjects,
or perform functions in the schools of the Commonwealth of Pennsylvania, as indicated below.

Type Code	Teaching Years Valid	Date Issued	Area of Certification	Type Code	Teaching Years Valid	Date Issued	Area of Certification
61	03	05/79	ELEMENTARY				
			Elementary				Elementary

Authorized by the Secretary of Education

24 HRS
A DAY **ChildLine**
FOR THE KIDS OF PA



PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

DEBORAH SANTEE
189 BRIDGE ST
TUNKHANNOCK PA 18657

VERIFICATION DATE: 6/5/01

SOCIAL SECURITY #: 178-44-9272

The above named person has applied for a Pennsylvania Child Abuse History Clearance pursuant to Chapter 63 of 23 Pa. Consolidated Statutes Annotated relating to the Child Protective Services Law. NO RECORD EXISTS in the Pennsylvania Department of Public Welfare's statewide Central Registry listing the applicant as a perpetrator of an Indicated or Founded report of child abuse or an Indicated or Founded report for school employees.

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history clearance on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.



ISSUED BY: Commonwealth of Pennsylvania
Department of Public Welfare
CHILDLINE AND ABUSE REGISTRY
ChildLine Verification Unit
P.O. Box 8170
Harrisburg, PA 17105-8170
(717) 783-6211

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

TYPE OR PRINT LEGIBLY WITH INK

121035 MAY 24 6

PART I TO BE COMPLETED BY REQUESTER		DATE OF REQUEST 5-23-01	
NAME (SUBJECT OF RECORD CHECK) (Last) (First) (Middle) Santee Deborah Ann		SOCIAL SECURITY NO. (SOC) 178-44-9272 (FOLD)	DATE OF BIRTH (DOB) 12-8-56
MAIDEN NAME AND/OR ALIASES		SEX F	RACE W

REASON FOR REQUEST: (CHECK APPROPRIATE BLOCK)

EMPLOYMENT

OTHER (SPECIFY) _____

INDIVIDUAL ACCESS AND REVIEW BY SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE (AFFIDAVIT OF LEGAL REPRESENTATION ATTACHED)

REQUESTER IDENTIFICATION: (CHECK APPROPRIATE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER (NONREFUNDABLE) IN THE AMOUNT OF \$10.00 PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA". DO NOT SEND CASH/PERSONAL CHECK.

NONCRIMINAL JUSTICE AGENCY - FEE EXEMPT

INFORMATION WILL BE MAILED TO REQUESTER ONLY

NAME OF REQUESTER Deborah Santee		
ADDRESS 189 Bridge Street		
CITY Tunkhannock PA	STATE	ZIP CODE 18657

LIST TELEPHONE NUMBER TO BE USED TO CONTACT REQUESTER IF NECESSARY.

(AREA CODE)

570-836-1438

NOTE: A "NO RECORD" RESPONSE WILL TAKE TWO (2) WEEKS TO PROCESS; A "RECORD" RESPONSE WILL TAKE LONGER.

IF THIS FORM IS NOT LEGIBLE OR PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO REQUESTER.

<p>REQUESTER CHECKLIST: (FOLD)</p> <p><input checked="" type="checkbox"/> DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p><input checked="" type="checkbox"/> DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)? DO NOT SEND CASH/PERSONAL CHECK.</p> <p><input checked="" type="checkbox"/> DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL BOTH COPIES WITH CARBON INTACT TO:</p> <p>PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY 1800 ELMERTON AVENUE HARRISBURG, PENNSYLVANIA 17110-9758 (717) 783-9973</p>
--	--

PART II CENTRAL REPOSITORY RESPONSE

<p>INFORMATION DISSEMINATED:</p> <p><input checked="" type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY/DISSEMINATED BY:</p> <p>CERTIFIED BY:</p> <p>01 JUN -4 AM 7:45</p> <p>(DIRECTOR, CENTRAL REPOSITORY)</p>	<p>SD NO:</p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER:</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SOC <input type="checkbox"/> MAIDEN/ALIAS NAME <input type="checkbox"/> SEX</p>		

Response based on comparison of data provided by the requester in Part I against information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of other criminal records which may be contained in the repositories of other local, state or federal criminal justice agencies.



INSURANCE
COMPANY

A member of Meadowbrook® Insurance Group

HOME OFFICE
26255 American Drive
Southfield, MI 48034-2438
(800) 482-2726
A stock insurance company

DECLARATIONS PAGE

PRIVATE PRACTICE EDUCATORS PROFESSIONAL LIABILITY POLICY

THIS IS A CLAIMS MADE AND DEFENSE WITHIN LIMITS POLICY. PLEASE READ IT CAREFULLY
Limits of Liability may be reduced or completely exhausted by Defense Expenses, as defined in the policy

Policy No.: PED0380761
Association: NAEYC
Tab No. 040115
Renewal of: PED0380761

In consideration of the payment of premium when due, it is agreed and understood that, solely with respect to the Insured(s) set forth in Item #1 of this Declarations, the PRIVATE EDUCATORS PROFESSIONAL LIABILITY POLICY on Form 44 10 PL applies as specified.

ITEM 1. NAMED INSURED and Address (number, street, city, county, state, zip code)

Santee, Deborah A
189 Bridge St
Tunkhannock, Pennsylvania 18657

ITEM 2. POLICY PERIOD (MM / DD / YY)

At 12:01 AM at the address shown Item 1. above. 09-10-13 09-10-14
Inception Date Expiration Date

ITEM 3. RETROACTIVE DATE: 09-10-07

Producer's Name & Address:

Richard F. Jones Jr., Agent / Broker
c/o FORREST T. JONES & COMPANY, INC.
P.O. Box 418131
Kansas City, MO 64141-8131
Phone: (800) 821-7303

ITEM 4. Limits of Liability (including Defense Costs, Charges and Expenses):

- A. Private Educators Professional Liability Acts or Omissions Per Claim Limit of Liability: \$1,000,000.00
- B. Private Educators Professional Liability Acts or Omissions Aggregate Limit for all Claims: \$3,000,000.00
- C. Off-Premises Liability Coverage Per Claim Limit for each Occurrence \$
- D. Off-Premises Liability Coverage Aggregate Limit for all Claims: \$
- E. Per Claim and Aggregate Limit for all Claims for activities as a Board of Certification member: \$25,000
- F. Per Claim and Aggregate Limit for Sexual Misconduct Defense Coverage: \$25,000
- G. Per Claim and Aggregate Limit for Psychologists & Counselors Defense Expense Coverage: N/A

ITEM 5. Deductible:

- A. Private Educators Professional Liability Acts or Omissions Per Claim Deductible: \$ 500.00
- B. Off-Premises Liability Coverage Per Claim Deductible: \$

ITEM 6. Basic Premium: \$ 485.00 Surplus Lines Tax: \$.00 Total \$ 485.00

ITEM 7. Insured's Educational Specialty: See Item #2 of attached Application.

Authorized Representative

08-26-13
Issue Date

Policy Number: PED0380761

Effective Date: 09-10-13

Named Insured and Address:

Santee, Deborah A
189 Bridge St
Tunkhannock, Pennsylvania 18657

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies the insurance provided under the following:

PRIVATE EDUCATORS PROFESSIONAL LIABILITY POLICY - 4410 PL

SCHEDULE

Name of Person or Organization:

LUZERNE-WYOMING COUNTIES
MH/MR PROGRAM
111 N PENNSYLVANIA AVE
WILKES-BARRE, PA 18701

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section VI - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for damages and **Defense Expenses** resulting from a **Private Educators Professional Liability Act or Omission** committed, in whole or in part, by you or those acting on your behalf, in connection with the performance of, or failure to perform, your professional educational duties.

All other terms, conditions, definitions and exclusions remain the same.

Policy Number: PED0380761

Effective Date: 09-10-13

Named Insured and Address:

Santee, Deborah A
189 Bridge St
Tunkhannock, Pennsylvania 18657

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies the insurance provided under the following:

PRIVATE EDUCATORS PROFESSIONAL LIABILITY POLICY - 4410 PL

SCHEDULE

Name of Person or Organization:

PA DEPT OF PUBLIC WELFARE
333 MARKET STREET BEIS
HARRISBURG, PA 17126

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section VI - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for damages and **Defense Expenses** resulting from a **Private Educators Professional Liability Act or Omission** committed, in whole or in part, by you or those acting on your behalf, in connection with the performance of, or failure to perform, your professional educational duties.

All other terms, conditions, definitions and exclusions remain the same.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning . 2013, ending . 20

See separate instructions.

Your first name and initial Deborah A. Last name Santee Your social security number 178 44 9272

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 189 Bridge Street Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Tunkhannock PA 18657

Foreign country name Foreign province/state/county Foreign postal code

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed 1

Boxes checked on 6a and 6b 1

No. of children on 6c who:

- lived with you 0
- did not live with you due to divorce or separation (see instructions) 0

Dependents on 6c not entered above 0

Add numbers on lines above ▶ 1

Income

Line	Description	Amount	Line	Description	Amount	
7	Wages, salaries, tips, etc. Attach Form(s) W-2		7		0 00	
8a	Taxable interest. Attach Schedule B if required		8a		23	
b	Tax-exempt interest. Do not include on line 8a	8b	0 00			
9a	Ordinary dividends. Attach Schedule B if required		9a		0 00	
b	Qualified dividends	9b	0 00			
10	Taxable refunds, credits, or offsets of state and local income taxes		10		0 00	
11	Alimony received		11		0 00	
12	Business income or (loss). Attach Schedule C or C-EZ		12		16,173 87	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13		0 00	
14	Other gains or (losses). Attach Form 4797		14		0 00	
15a	IRA distributions	15a	0 00	b Taxable amount	15b	0 00
16a	Pensions and annuities	16a	0 00	b Taxable amount	16b	0 00
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17		0 00	
18	Farm income or (loss). Attach Schedule F		18		0 00	
19	Unemployment compensation		19		0 00	
20a	Social security benefits	20a	0 00	b Taxable amount	20b	0 00
21	Other income. List type and amount		21		0 00	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22		16,173 10	

Adjusted Gross Income

Line	Description	Amount	Line	Description	Amount
23	Educator expenses	23	0 00		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0 00		
25	Health savings account deduction. Attach Form 8889	25	0 00		
26	Moving expenses. Attach Form 3903	26	0 00		
27	Deductible part of self-employment tax. Attach Schedule SE	27	1142 58		
28	Self-employed SEP, SIMPLE, and qualified plans	28	0 00		
29	Self-employed health insurance deduction	29	0 00		
30	Penalty on early withdrawal of savings	30	0 00		
31a	Alimony paid b Recipient's SSN ▶	31a	0 00		
32	IRA deduction	32	0 00		
33	Student loan interest deduction	33	0 00		
34	Tuition and fees. Attach Form 8917	34	0 00		
35	Domestic production activities deduction. Attach Form 3903	35	0 00		
36	Add lines 23 through 35	36	1142 58		
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	15,030 52		

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 15,030 52

39a Check You were born before January 2, 1949, Blind. Spouse was born before January 2, 1949, Blind. Total boxes checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6,100 00

41 Subtract line 40 from line 38 41 8,930 52

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions 42 3,900 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 5,030 52

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 503 00

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0 00

46 Add lines 44 and 45 ▶ 46 503 00

47 Foreign tax credit. Attach Form 1116 if required. 47 0 00

48 Credit for child and dependent care expenses. Attach Form 2441 48 0 00

49 Education credits from Form 8863, line 19 49 0 00

50 Retirement savings contributions credit. Attach Form 8880 50 0 00

51 Child tax credit. Attach Schedule 8812, if required. 51 0 00

52 Residential energy credits. Attach Form 5695 52 0 00

53 Other credits from Form: a 3800 b 8801 c 53 0 00

54 Add lines 47 through 53. These are your total credits 54 0 00

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶ 55 503 00

Other Taxes

56 Self-employment tax. Attach Schedule SE 56 2,285 15

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57 0 00

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 6320 if required 58 0 00

59a Household employment taxes from Schedule H 59a 0 00

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b 0 00

60 Taxes from: a Form 8959 b Form 8980 c Instructions; enter code(s) 60 0 00

61 Add lines 55 through 60. This is your total tax ▶ 61 2,788 15

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 0 00

63 2013 estimated tax payments and amount applied from 2012 return 63 3,200 00

64a Earned income credit (EIC) 64a 0 00

b Nontaxable combat pay election 64b 0 00

65 Additional child tax credit. Attach Schedule 8812 65 0 00

66 American opportunity credit from Form 8863, line 8 66 0 00

67 Reserved 67

68 Amount paid with request for extension to file 68 0 00

69 Excess social security and tier 1 RRTA tax withheld 69 0 00

70 Credit for federal tax on fuels. Attach Form 4136 70 0 00

71 Credits from Form: a 2439 b Reserved c 8885 d 71 0 00

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments ▶ 72 3,200 00

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 411 85

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ 74a 411 85

Direct deposit? ▶ b Routing number c Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2014 estimated tax ▶ 75 0 00

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ 76 0 00

77 Estimated tax penalty (see instructions) 77 0 00

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: Deborah A. Santee Date: 3-31-14 Your occupation: Teacher Daytime phone number: 570 836 1438

Spouse's signature. If a joint return, both must sign. Date: Spouse's occupation: If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

GMB No. 1645-0074

2013

Attachment
Sequence No. 08

Department of the Treasury
Internal Revenue Service (99)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: Deborah A. Santee Social security number (SSN): 178 44 9273

A Principal business or profession, including product or service (see instructions): teacher Enter code from instructions: 1011101010

C Business name, if no separate business name, leave blank. Employer ID number (EIN), (see instr.):

E Business address (including suite or room no.): 189 Bridge Street
City, town or post office, state, and ZIP code: Tunkhannock PA 18657

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2013, check here

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	24,855	12
2	Returns and allowances	2	0	00
3	Subtract line 2 from line 1	3	24,855	12
4	Cost of goods sold (from line 42)	4	0	00
5	Gross profit. Subtract line 4 from line 3	5	24,855	12
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0	00
7	Gross income. Add lines 5 and 6	7	24,855	12

Part II Expenses Enter expenses for business use of your home only on line 30.

8	Advertising	8	0	00	18	Office expense (see instructions)	18	1,941	29
9	Car and truck expenses (see instructions)	9	4,717	19	19	Pension and profit-sharing plans	19	0	00
10	Commissions and fees	10	0	00	20	Rent or lease (see instructions):			
11	Contract labor (see instructions)	11	0	00	a	Vehicles, machinery, and equipment	20a	0	00
12	Depreciation	12	0	00	b	Other business property	20b	0	00
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	00	21	Repairs and maintenance	21	0	00
14	Employee benefit programs (other than on line 19)	14	0	00	22	Supplies (not included in Part III)	22	36	00
15	Insurance (other than health)	15	570	00	23	Taxes and licenses	23	0	00
16	Interest:				24	Travel, meals, and entertainment:			
a	Mortgage (paid to banks, etc.)	16a	0	00	a	Travel	24a	0	00
b	Other	16b	0	00	b	Deductible meals and entertainment (see instructions)	24b	0	00
17	Legal and professional services	17	0	00	25	Utilities	25	1,417	77
25	Total expenses before expenses for business use of home. Add lines 8 through 27a	25	8,682	25	26	Wages (less employment credits)	26	0	00
26	Tentative profit or (loss). Subtract line 26 from line 7	26	16,172	87	27a	Other expenses (from line 48)	27a	0	00
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0	00	27b	Reserved for future use	27b	0	00
31	Net profit or (loss). Subtract line 30 from line 25. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	16,172	87					
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6186. Your loss may be limited.								

32a All investment is at risk.
32b Some investment is not at risk.

Proposal Blanks

To the County Manager:

I, the undersigned being a duly authorized representative of

Deborah A. Santee

Submit for your consideration a proposal to supply

Early Intervention Special Instruction Services

The price for which (I/we) will supply each item specified on the following pages is shown immediately after the description of the particular article.

(I/we) agree, if awarded the contract for any items shown on the attached specifications, to enter into a written agreement and to furnish the said items at the price shown, and to furnish a performance bond (if applicable) within sixty (60) days.

Date: April 14 20 14

Deborah A. Santee
Signature-typewritten

Signature-signed in ink

Deborah A. Santee

189 Bridge Street
Street

Tunkhannock PA 18657
City & State

570 836 1438
Company telephone number

N/A
Salesman's telephone number

N/A
Company fax number

Bidder Signature Form

Bidder Deborah A. Santee

Bid must be signed here Deborah A. Santee

Address 189 Bridge Street Tunkhannock PA 18657

Telephone number 570 836 1438

Individual Partnership or Corporation

The bidder certifies that they come under the class checked below:

Please insert names:

A. Individual owner Deborah A. Santee

B. Partnership partners _____

C. Corporation _____

Exact name of corporation

State incorporated

Note:

All county proposals under the jurisdiction of Luzerne County Manager and Luzerne County Correctional Facility are furnished in duplicate. One copy of the proposal is to be filled out and submitted with the bid and the remaining copy to be retained for the bidders records.

Bids should be as net prices and shall prevail in the awarding of contracts.

Failure of the bidders to sign the bid and have the signature of an authorized representative or agent on the proposal in the space provided, will be cause for rejection of the bid. Signatures must be written in ink. Typed, printed or stamped signatures will not be accepted.

It is understood by both the county and bidders that all trade names, catalogue numbers or bids "as per sample" offered on this bid shall meet the specifications, unless the bidder states that such trade names, catalogue numbers or samples are not equal to the specified item.

Return to Purchasing Department

Non Collusion Affidavit

State of Pennsylvania

County of Wyoming

Deborah A Santee, being first duly sworn, deposes and says that:

1) She/He is the owner
(Owner, partner, officer, representative or agent)
of the Bidder that had submitted the attached bid.

2) She/He is fully informed with respect to the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid.

3) Such bid is genuine and is not part of any conspiracy, collusion or deception.

4) Neither the said bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder, or to fix any overhead, profit or cost element for the bid prices or the bid price of any bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the any person interested in the proposed contract; and

5) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

6) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other contractor, proposer, or potential proposer.

7) Neither the price(s) nor the amount of this proposal, and neither the approximate price(s) nor the approximate amount of this proposal, have been disclosed to any other firm or person who is a bidder/proposer or potential bidder/proposer, and they will not be disclosed before bid/proposal opening.

8) No attempt has been made or will be made to induce any firm or person to refrain from submitting a bid/proposal on this contract, or to submit a bid/proposal higher than its bid/proposal, or to submit any intentionally high or noncompetitive bid/proposal or other form of complementary bid/proposal.

9) The bid/proposal of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid/proposal.

10) The above representations are material and important, and will be relied on by Luzerne County in awarding the contract(s) for which this bid/proposal is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Luzerne County of the true facts relating to the submission of bids/proposals for this contract.

(Signed) Deborah A. Santee

Deborah A. Santee
(Name)

E I Hecker

(Title)

Subscribed and sworn to before me this 14 day of April, 2014

Debra S. Lawrence
Name

COMMONWEALTH OF PENNSYLVANIA

Title	Notarial Seal
My commission expires	Debra S. Lawrence, Notary Public Tunkhannock Twp., Wyoming County My Commission Expires June 21, 2016



12/14

Proposal

To Continue Providing
Early Intervention Special Instruction
to Infants and Toddlers
and their families
throughout
Luzerne and Wyoming Counties

January 1, 2015 to December 31, 2015

Submitted by:

Deborah A. Santee

Deborah A. Santee
signature

4-14-14
date

