

**Nonprofit Agency Annual AbilityOne Representations and Certifications (ARC)**

**Instructions for completing this form:**

Nonprofit agencies (NPAs) participating in the AbilityOne Program must complete this form annually to demonstrate meeting the qualification requirements of 41 U.S.C 8501(6)(c) and/or (7)(c) and 51 C.F.R. subparts 51-4.3(a) and (b).

**PaperworkReduction Act** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The estimated time for completing this form is 2 hours.

Federal Fiscal Year: *[Enter text]*

Nonprofit Agency (NPA) Name: *[Enter text]*

Employer Identification Number: *[Enter text]*

Mailing Address: *[Enter text]* Phone Number: *[Enter number]*

Name and email address of principal officer: *[Enter text]*

# Part I. Summary

ABILITYONE Sales *[AutoFill]*

ABILITYONE Subcontracted *[AutoFill]*

ABILITYONE Number of Participating Employees Cumulative *[AutoFill]*

ABILITYONE Hours Worked by Participating Employees *[AutoFill]*

ABILITYONE DLH Ratio *[AutoFill]*

NPA ODLH Ratio *[AutoFill]*

# Part II. Signature Block

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 18 U.S.C. § 1621 and 28 U.S.C. § 1746.

Signature of NPA’s Principal Officer *[Signature]* Date *[Date]*

Declaration of the preparer (other than Principal Officer): I have prepared this return, and it is based on all information of which I have knowledge.

Preparer Information

Preparer’s name: *[Open text]*

Preparer’s email address and phone number: *[Open text]*

Preparer’s Signature: *[Signature]* Date *[Date]*

Firm Information (if applicable)

Name of Firm and EIN: *[Open text]*

Firm’s mailing address, email address and phone number: *[Open text]*

# Part III. NPA AbilityOne Program Information

**1. AbilityOne Sales**

|  |
| --- |
| **Procurement List Items** |
| 1.1 NPA Sales from AbilityOne Products | $ *[Number]* |
| 1.2 NPA Sales from AbilityOne Services | $ *[Number]* |
| 1.3 NPA Sales from Military Resale (Direct & Warehouse) | $ *[Number]* |
| Total AbilityOne Sales | **$ Auto Calculation** |
| **Base Supply Centers** |
| 1.4 NPA Sales from AbilityOne products | $ *[Number]* |
| 1.5 Base Supply Centers Total Sales | $ *[Number]* |

**2. Total Number of Participating Employees Whose Eligibility was Derived From a Government or Private Source (Select all that apply and enter value)**

[ ]  Medicaid *[Enter number]*

[ ]  Social Security *[Enter number]*

[ ]  Veterans Benefits Administration *[Enter number]*

[ ]  Vocational Rehabilitation Services *[Enter number]*

[ ]  Individualized Education Program/504 plan/Services plan *[Enter number]*

[ ]  Other State and/or Local Government Disability Services *[Enter number]*

[ ]  Private Licensed Professional *[Enter number]*

**3. Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **ABILITYONE EMPLOYMENT**  |  **On Oct. 1** | **On Sep. 30** | **Total employed during the year** |
| 3.1 Number of Participating Employees | *[Number]*  | *[Number]*  | *[Number]*  |
| 3.2 Number of Non-Participating Employees  (individuals without qualifying disability  documentation) performing DLH | *[Number]*  | *[Number]*  | *[Number]* |
| 3.3 Number of employees who self-identify as a person with a disability performing indirect labor  | *[Number]* | *[Number]* | *[Number]* |

**4. Direct Labor Hours (DLH)** (Hours should include overtime, vacation, holiday, sick leave)

|  |  |  |  |
| --- | --- | --- | --- |
| **ABILITYONE DIRECT LABOR HOURS** | **PRODUCTS** | **SERVICES** | **TOTAL** |
| 4.1 Direct labor hours performed by  Participating Employee | *[Number]*  | *[Number]*  | *Auto Calculation*  |
| 4.2 Direct labor hours performed by Non- Participating Employees | *[Number]*  | *[Number]*  | *Auto Calculation*  |
| 4.3 Total direct labor hours performed (4.1 + 4.2) | *Auto Calculation*  | *Auto Calculation*  | *Auto Calculation*  |
| 4.4 Percentage of direct labor hours  performed by Participating Employees | *Auto Calculation %* | *Auto Calculation %* | *Auto Calculation %* |

**5. Wages for Employees** (Wages include overtime, vacation, holiday, sick leave, and fringe payments)

|  |  |  |  |
| --- | --- | --- | --- |
| **ABILITYONE WAGES** | **PRODUCTS** | **SERVICES** | **TOTAL** |
| 5.1 Wages paid to Participating Employees | *$ [Number]* | *$ [Number]* | $ *Auto Calculation* |
| 5.2 Wages paid to DLH Non-Participating  Employees  | *$ [Number]* | *$ [Number]* | $ *Auto Calculation* |
| 5.3 Lowest hourly wage paid to Participating Employees | *$ [Number]* | *$ [Number]* |  *N/A* |
| 5.4 Highest hourly wage paid to  Participating Employees | *$ [Number]* | *$ [Number]* |  *N/A* |
| 5.5 Mean hourly wage paid to Participating  Employees | $ *Auto Calculation* | $ *Auto Calculation*  | $ *Auto Calculation*  |

**6. Select other employment benefits offered to Participating Employees (Select all that apply)**

[ ]  NPA-sponsored Health Insurance

[ ]  Vacation/Sick/PTO Leave

[ ]  Retirement plan

[ ]  Short-term disability

[ ]  Workers’ compensation

[ ]  Unemployment compensation

[ ]  Tuition assistance or other education support

[ ]  Other *[Enter description]*

Optional: Benefits narrative may be provided here: *[Open text]*

**7. Participating Employee Career Mobility**

7.1 Report Participating Employee mobility outcomes within the NPA.

[ ]  Lateral Mobility (Labor position change utilizing different skills but not a promotion) *[Enter number]*

[ ]  Upward Mobility (Promotion or labor position change resulting in increased wages or benefits)

[ ]  Not Supervisory *[Enter number]*

[ ]  Supervisory *[Enter number]*

[ ] Demotion (Labor position change resulting in decreased wages or benefits) *[Enter number]*

[ ]  No Movement *[Enter number]*

For Employees with No Movement:

[ ]  Employee stated desire to remain in present position. *[Enter number]*

[ ]  Employee expressed concern regarding potential government benefit disqualification as a result of increased wages. *[Enter number]*

[ ]  Other *[Enter description]* *[Enter number]*

[ ]  Unknown *[Enter number]*

7.2 Report Participating Employee mobility outcomes outside the NPA, if known at time of departure.

[ ]  New employment by Federal/State/Local government *[Enter number]*

[ ]  New employment by Federal/State/Local contractor *[Enter number]*

[x]  New employment by For-Profit/Non-Profit Employer *[Enter number]*

[ ]  Unknown *[Enter number]*

**8. Subcontracting: NPA as Prime Contractor for Procurement List work**

8.1 Is any part of the NPA’s Procurement List project(s) subcontracted?

 *[Y/N Choice (If Y, then complete 8.2-8.6. If N, then skip to Part IV)]*

8.2 Total value of Procurement List project(s) subcontracted to AbilityOne NPA(s): $ *[Enter number]*

8.3 Total value of Procurement List project(s) subcontracted to Small Business Entities:

 $ *[Enter number]*

8.4 Total value of Procurement List project(s) subcontracted to Other Than Small Business Entities (includes Non-AbilityOne Nonprofit Organizations and Large Businesses:
 $ *[Enter number]*

8.5 Type of Subcontracting Products/Services Purchased

  *[Open text.]*

8.6 Non-AbilityOne Subcontractor Category (Select all that apply)

[ ]  Large Business/Commercial Entities

[ ]  Nonprofit Organization

[ ]  SBA - 8(a) Program

[ ]  SBA - Women-Owned

[ ]  SBA - Veteran-Owned and/or Service-Disabled Veteran-Owned

[ ]  SBA - Minority Owned

# Part IV. Total NPA Information

|  |  |  |  |
| --- | --- | --- | --- |
| **1. TOTAL NPA EMPLOYMENT**  |  **On Oct 1** | **On** **Sep 30** | **Total employed during the year** |
| 1.1 Number of Qualifying Direct Labor Employees  | *[Number]*  | *[Number]*  | *[Number]*  |
| 1.2 Number of employees without qualifying disabilities performing DLH | *[Number]*  | *[Number]*  | *[Number]* |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. NPA OVERALL DIRECT LABOR HOURS** | **PRODUCTS** | **SERVICES** | **TOTAL** |
| 2.1 Direct labor hours performed by Qualifying Direct Labor Employees  | *[Number]*  | *[Number]*  | *Auto Calculation*  |
| 2.2 Direct labor hours performed by Non-Qualifying Direct Labor Employees  | *[Number]*  | *[Number]*  | *Auto Calculation*  |
| 2.3 Total direct labor hours performed (2.1+1.2) | *Auto Calculation*  | *Auto Calculation*  | *Auto Calculation*  |
| 2.4 Percentage of direct labor hours performed by Qualifying Direct Labor Employees  | *Auto Calculation %* | *Auto Calculation %* | *Auto Calculation %* |

|  |  |
| --- | --- |
| **3. VETERANS EMPLOYMENT** | **TOTAL** |
| 3.1 Total Veterans employed on a Procurement List project |  [Number] |
| 3.2 Total Veterans employed by the NPA |  [Number] |
| 3.3 Total veteran wages | $[Number] |

# Part V. Other NPA Questions

1. If applicable, did the NPA submit the IRS Form 990 to the IRS within the last year? *[Yes/No/NA]*

If Yes, provide a copy.  *[Link to 990 file upload process]*

If No, provide explanation. *[Open text]*

1. Did the NPA receive an independent financial audit report for the last year?

*NOTE: This can be calendar or fiscal year, depending on the NPA's financial closing period.*

If NPA did receive a financial audit, provide copy of the auditor’s report summary.  *[Link to auditor summary report upload process]*

If the NPA *did not receive a financial audit, provide a statement.* *[Open text]*

1. How many members are on the NPA’s Board at the end of the fiscal year?

[*Drop down for number]*

1. How many NPA board members voluntarily self-identify as a person with a disability? [ *Drop down for number]*
2. How many of your Procurement List contract sites are represented by a union/unions?

[Enter number]

1. How many NPA participating employees are members of a union related to the employees’ employment?

 [Enter number]