

NPA Annual AbilityOne Representations and Certifications (ARC)

Federal Fiscal Year: *[Enter text]*

Agency 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 Revenue *[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 REVENUE** | | |
| **Procurement List Items** | |
| 1.1 NPA Revenue from AbilityOne Products | $ *[Number]* |
| 1.2 NPA Revenue from AbilityOne Services | $ *[Number]* |
| 1.3 NPA Revenue from Military Resale (Direct & Warehouse) | $ *[Number]* |
| Total AbilityOne Revenue | **$ Auto Calculation** |
| **Base Supply Centers** | |
| 1.4 NPA Revenue from AbilityOne products | $ *[Number]* |
| 1.5 Base Supply Centers Total Revenue | $ *[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 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 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 Participating Employee direct labor hours | *[Number]* | | *[Number]* | *Auto Calculation* |
| 4.2 Direct labor hours performed by Non-Participating Employees | *[Number]* | | *[Number]* | *Auto Calculation* |
| 4.3 Total direct labor hours (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 Calc* |
| 5.2 Wages paid to DLH Non-Participating Employees | *$ [Number]* | | | *$ [Number]* | $ *Auto Calc* |
| 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 Movement (Labor position change utilizing different skills but not a promotion) *[Enter number]*

Upward Movement (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]*

Unknown *[Enter number]*

* 1. Report Participating Employee mobility outcomes outside the NPA.

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

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

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

Unknown Employer Type *[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 9.)]*

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 of Qualifying Direct Labor Employees | *[Number]* | *[Number]* | *Auto Calculation* |
| 2.2 Direct labor hours of Non-Qualifying Direct Labor Employees | *[Number]* | *[Number]* | *Auto Calculation* |
| 2.3 Total direct labor hours (2.1+1.2) | *Auto Calculation* | *Auto Calculation* | *Auto Calculation* |
| 2.4 Percentage of Qualifying Direct Labor Employees direct labor hours | *Auto Calculation %* | *Auto Calculation %* | *Auto Calculation %* |

|  |  |
| --- | --- |
| **3. VETERANS EMPLOYMENT** |  |
| 3.1 Veterans employed on a Procurement List project | [Number] |
| 3.2 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? *[Y/N/NA]*

* If Y, provide a copy.  *[Link to 990 file upload process]*
* *If N, 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.*  *[Y/N/NA]*

* If Y, provide copy of the auditor’s summary report.  *[Link to auditor summary report upload process]*
* *If N, provide explanation.* *[Open text]*

1. How many members are on the NPA’s Board? [*Drop down for number]*
2. How many NPA board members voluntarily self-identify as a person with a disability? [ *Drop down for number]*
3. 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?

[Enter number]

1. Has the NPA received had any of the following supports from its designated CNA over the past year? (Select all that apply):

​​☐​ Technical assistance or training

​​☐​ Support on direct business development (other than through participation in the   
    CNA’s opportunity notice process)

​​☐​ Financial support

​​☐​ Other -  Describe      *[Open text]*