

Annual AbilityOne

Representations and Certifications (ARC)

Completed by the NPA

Agency Name: *[Click here to enter text]*

Employer Identification Number: [*Click here to enter text*]

Mailing Address: *[Click or tap to enter a date]* Phone Number: *[Click here to enter text]*

Name and email address of principal officer: *[\_\_\_\_\_\_\_Click here to enter text\_\_\_\_\_\_\_\_\_\_\_]*

**Part I: NPA AbilityOne Program Information**

|  |  |  |
| --- | --- | --- |
| **1. REVENUE** | | |
| **Procurement List Items** | |
| 1.1 NPA Revenue from AbilityOne Products | $ |
| 1.2 NPA Revenue from AbilityOne Services | $ |
| 1.3 NPA Revenue from Military Resale (Direct & Warehouse) | $ |
| Total AbilityOne Revenue | **$** |
| **Base Supply Centers** | |
| 1.4 NPA Revenue from AbilityOne products | $ |
| 1.5 Base Supply Centers Total Revenue | $ |

**2. Number of Participating Employees Whose Eligibility was Derived From a Government or Private Source (Select each applicable)**

Medicaid *[Click or tap to enter number]*.

Social Security *[Click or tap to enter number]*.

Veterans Benefits Administration *[Click or tap to enter number]*.

Vocational Rehabilitation Services *[Click or tap to enter number]*.

Individualized Education Program *[Click or tap to enter number]*.

Other State and/or Local Disability Services *[Click or tap to enter number]*.

Private Licensed Professional *[Click or tap to enter number]*.

**3. EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYMENT** | **On Oct 1** | **On Sep 30** | **Cumulative for the FY** | |
| 3.1 Number of Participating Employees |  |  | |  |
| 3.2 Number of employees without qualifying disabilities performing DLH |  |  | |  |
| 3.3 Number of employees who are blind or have a significant disability performing indirect labor [if the NPA collects this data] |  |  | |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Direct Labor Hours** | | **PRODUCTS** | **SERVICES** | **TOTAL** | |
| 4.1 Number of direct labor hours performed by Participating Employees |  | |  |  |
| 4.2 Number of direct labor hours performed by people without qualifying disabilities |  | |  |  |
| 4.3 Total number of direct labor hours performed by all employees | *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 vacation, holiday, sick leave, and fringe payments )

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATA FOR THE ABILITYONE Direct Labor Hours** | | **PRODUCTS** | | **SERVICES** | **TOTAL** | |
| 5.1 Wages paid to Participating Employees | $ | | $ | | $ |
| 5.2 Wages paid to DLH employees without qualifying disabilities | $ | | $ | | $ |
| 5.3 Lowest hourly wage paid to Participating Employees | $ | | $ | | $ |
| 5.4 Highest hourly wage paid to Participating Employee | $ | | $ | | $ |
| 5.5 Mean (average) hourly wage paid to Participating Employees | $ | | $ | | $ |
| 5.6 Median hourly wage paid to Participating Employees | $ | | $ | | $ |

**6. Employment Benefits Offered to Participating Employees**

Health Insurance If Y, then sub-selections

NPA-provided health insurance *[Click or tap to enter % that utilize]*.

Cash payment in lieu of participation in other health insurance *[Click or tap to enter % that utilize]*.

Vacation/Sick/Paid Time Off Leave

Retirement plan

Short-term disability

Workers’ compensation

Unemployment compensation

**7. Employment Mobility Outcomes**

7.1 Report Participating Employee mobility outcomes within the NPA System.

Lateral Movement *[Click or tap to enter number].*

Upward (Promotion)

Not Supervisory *[Click or tap to enter number].*

Supervisory *[Click or tap to enter number].*

No Movement *[Click or tap to enter number].*

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

Employment by Federal/State/Local agency *[Click or tap to enter number].*

Employment by Federal/State/Local contractor *[Click or tap to enter number].*  Employment by For-Profit/Non-Profit Employer *[Click or tap to enter number].*

Unknown *[Click or tap to enter number].*

**8. Subcontracting: NPA as Prime Contractor**

8.1 Does the NPA subcontract any portion of the Procurement List product(s) or service(s) it delivers to Federal customers? If yes, complete questions 8.2 – 8.7 below.   
If no, proceed to question 9.

Yes

No

8.2 Portion of total subcontracted (NPA Revenue versus Subcontracting purchased) *[Click or tap to enter % that utilize.]*

8.3 Type of Subcontracting Services Purchased  *[Open text.]*

8.4 Are NPA Participating Employees and subcontractor employees occupying the same or similar labor position(s)?  If yes, list labor positions in text box.

Yes *[Open text.]*

No

8.5 Does the subcontractor offer employment opportunities to Participating Employees?  If yes, describe employment opportunities offered in text box.

Yes *[Open text.]*

No

8.6 Number of former Participating Employees now employed by the subcontractor.   *[Click or tap to enter number.]*

8.7 Subcontractor Category (Select all that apply)

For-Profit Business

Non-Profit Organization

AbilityOne NPA

SBA - 8(a) Program

SBA - Women-Owned

SBA - Vet-Owned

SBA - Minority Owned

**9. Subcontracting: NPA as Subcontractor**

9.1 Is the NPA a subcontractor to any prime contractor? If yes, complete questions   
 9.2 – 9.7 below. If no, proceed to question 10.

Yes

No

* 1. Is the prime contractor an NPA?

Yes

No

* 1. Is the prime contractor a non-NPA Federal/State/Local contractor?

Yes

No

* 1. Type of Subcontracting Services Provided  *[Open text.]*

9.5 Are your Participating Employees occupying the same or similar labor position(s) as the prime contractor? If yes, list labor positions in text box.

Yes *[Open text.]*

No

1. **Veterans Employment and Active Duty Military Spouses and Dependents**
   1. Number of veterans employed. *[Click or tap to enter number.]*
   2. Number of military spouses and dependents that have self-identified in that manner.  
      *[Click or tap to enter number.]*

**Part II: Overall Information about the NPA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. EMPLOYMENT** | **On Oct 1** | **On Sep 30** | **Cumulative** | |
| 1.1 Number of employees who are blind or have significant disabilities |  |  | |  |
| 1.2 Number of employees without qualifying disabilities performing DLH |  |  | |  |
| 1.3 Number of employees who are blind or have a significant disability performing indirect labor [if the NPA collects this data] |  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Overall Direct Labor Hours** | **PRODUCTS** | **SERVICES** | **TOTAL** |
| 2.1 Direct labor hours performed by employees who are blind or have significant disabilities |  |  |  | |
| 2.2 Direct labor hours performed by people without qualifying disabilities |  |  |  | |
| 2.3 Total direct labor hours performed (1.1+1.2) | *Auto Calculation* | *Auto Calculation* | *Auto Calculation* | |
| 2.4 Percentage of direct labor hours performed by people who are blind or have significant disabilities | *Auto Calculation %* | *Auto Calculation %* | *Auto Calculation %* | |

1. **Veterans Employment and Active Duty Military Spouses and Dependents**
   1. Number of veterans employed. *[Click or tap to enter number]*.
   2. Number of military spouses and dependents that have self-identified in that manner.  
      *[Click or tap to enter number.]*

**Part III: General NPA Questions**

1. Has the NPA made a mandatory disclosure as required under Policy 51.406 ?

Yes

No

If Yes, describe disclosure(s).  *[Open text]*

1. Did the NPA fail to make a mandatory disclosure that should have been made pursuant to Policy 51.406?

Yes

No

If Yes, disclose now. *[Link to disclosure upload process]*

1. Did the NPA submit the IRS Form 990 to the IRS within the last year?

Yes

No

Not Applicable

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

1. How many members are on the NPA’s Board? [*Open text for number]*
2. How many NPA board members self-identify as a person with a disability? [*Open text for number]*
3. Has the NPA had any of the following interactions with its designated CNA over the past year? (select all that apply):

Inspection

Technical assistance or training

Support on direct business development (other than through participation in the  
 CNA’s competitive bidding process described in question 7 below)

Financial support

Other - Describe *[open text]*

1. In the past year, has the NPA submitted a proposal in its designated CNA’s competitive bidding process for a new Procurement List project assignment and/or allocation? If Yes, complete 7.2 – 7.3 below. If no, proceed to signature block.

Yes

No

7.2 How many proposals were submitted *[Open text]*

7.3 Has the NPA received a new assignment and/or allocation?

Yes How many were received in the past year? *[Open text]*

No

**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]*

The same declaration by the preparer (other than Principal Officer) is based on all information of which the preparer has any knowledge.

Preparer Information

Preparer’s name *[Open text]*

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