

**ANNUAL CERTIFICATION – QUALIFIED NONPROFIT AGENCY
SERVING PEOPLE WHO ARE SEVERELY DISABLED**

APPROVED OMB NO. 3037-0002

EXPIRES _____

TO: COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

1. NAME OF AGENCY:

2. ADDRESS:

3. PHONE:

4. FISCAL YEAR ENDING:

5. WE CERTIFY THAT:

- A. Data in Items 6A and 7A are the direct labor hours paid to employees of the agency who are blind or have other severe disabilities as defined in 41 CFR 51-1.3 of the Committee regulations. Data in items 6B and 7B are the direct labor of people who do not meet the Committee's definition of blind or otherwise severely disabled. Both sets of hours include vacation, holiday and paid sick leave. Any direct labor performed by temporary employees or agencies is included. (If direct labor hours were performed at addresses other than that in item 2, list all additional location(s) on a separate page.)
- B. There is a file containing adequate evidence of disability and an annual review for competitive employability on each direct labor employee who is blind or has other severe disabilities, including both JWOD and non-JWOD, verifying that the individual meets the Committee's criteria per 41 CFR 51-4.3. (If any of these files are located at an address(es) other than that in item 2, list additional location(s) on a separate page.)
- C. An ongoing placement program as required by 41 CFR 51-4.3 is operated by or for the agency.
- D. The agency is in compliance with applicable Occupational Safety and Health Act (OSHA) standards as prescribed by the Secretary of Labor. The agency has, at a minimum, a hazard safety plan. (If the agency was inspected and citations were received, attached the inspector's report.)
- E. Have there been any changes to your corporate Articles/State Statutes or Bylaws/Implementing Regs. During the most recent fiscal year? Yes ___ No ___. If yes, 1) Dates(s) of change: Articles/State Statutes _____ Bylaws/Implementing Regs. _____; and 2) Copies of changes are attached ___OR changes were submitted to the Committee on _____.
- F. The data on this form reflect agency operations for the fiscal year indicated in item 4, and all of the data (including the data provided on the total compensation, cash and noncash, to the agency's key employees) is complete and accurate. No net income inures to the benefit of any key employee or other individual(s). If yes, please explain in an attached document.
- G. Does the agency meet the Committee-approved accountability standards, as provided in 41 CFR 51-4 of the Committee regulations? Yes ___ No ___. If no, attach an explanation and relevant documentation showing your progress toward meeting those standards.

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND THE MAKING OF FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO PROSECUTION UNDER TITLE 18 USC 1001.

SIGNATURE – OFFICER OF BOARD	DATE	SIGNATURE – AGENCY EXECUTIVE	DATE
(SIGN) →		(SIGN) →	
NAME: (PRINT)		NAME: (PRINT)	
TITLE: (PRINT)		TITLE: (PRINT)	
		EMAIL ADDRESS:	

NISH REVIEW

SIGNATURE – NISH OFFICER	DATE:
(SIGN) →	
NAME: (PRINT)	
TITLE: (PRINT)	

COMMITTEE FORM 404 (Rev 01/2007)

ANNUAL AGENCY OPERATIONS
Fiscal Year Ending September 30, _____

6. INCLUDE IN THIS SECTION DATA FOR TOTAL AGENCY				
	HOURS	PERCENT		
A. Direct labor hours paid to people with severe disabilities				
B. Direct labor hours paid to people without severe disabilities				
C. Total direct labor hours (A + B)				
	Blind	Total		
D. Total number of severely disabled direct labor employees (regardless of hours worked)				
7. INCLUDE IN THIS SECTION DATA FOR WORK PERFORMED UNDER JAVITS-WAGNER-O'DAY ACT/ABILITYONE PROGRAM ONLY				
	PRODUCTS	SERVICES		
A. Direct labor hours paid to people with severe disabilities				
B. Direct labor hours paid to people without severe disabilities				
C. Total direct labor hours (A + B)				
D. Percent of direct labor by people with severe disabilities				
E. Number of people who are blind working in:				
F. Total number of people with severe disabilities: (regardless of hours worked and including those in 7E)				
G. AbilityOne direct labor wages paid to people with severe disabilities (Include Health and Welfare [cash payments only], vacation, holiday and sick leave pay)			\$	
8. INCLUDE IN THIS SECTION INFORMATION ON AGENCY AND ABILITYONE PLACEMENT AND PROMOTION OF PEOPLE WITH SEVERE DISABILITIES				
	ABILITY ONE	NON-ABILITY ONE	DIRECT PLACEMENT	TOTAL
A. Placed into competitive employment from				
B. Placed into supported employment from				
C. Promoted into a new job, other than supervisory or management positions, that included increased wages and/or benefits, not cost of living raises or productivity increases				
D. Promoted into a new job requiring supervisory, management or technical skills, that included increased wages and/or benefits, not cost of living raises or productivity increases				
9. AGENCY AND ABILITYONE SALES DATA				
A. Sales of procurement List Items				
1. Military Resale (Direct)				
2. Sales from AbilityOne Products				
3. Sales from AbilityOne Services				
4. Total AbilityOne Sales				
B. Base Supply Centers				
C. Other Federal Sales				
D. Other Sales and Subcontracting				
E. Total Agency Sales				

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