

**ANNUAL REPRESENTATIONS AND CERTIFICATIONS FOR
ABILITYONE QUALIFIED NONPROFIT AGENCY**

INSTRUCTIONS FOR COMPLETION

Each section of the form is detailed below with the information needed to complete the form correctly as well as justifications and authorities. The interactive form can be completed in Word and printed with any necessary attachments; signatures must be original.

DEFINITIONS AND ACRONYMS

Acronym or Term	Definition or Description
AbilityOne Commission	The Commission’s legal name remains the Committee For Purchase From People Who are Blind or Severely Disabled. However, since 2006 the Committee has been operating as the U.S. AbilityOne Commission. This document uses Commission except for Where the Commission’s legal name is used and for quotations from the Commission’s regulations.
Central Nonprofit Agency (CNA)	NIB and SourceAmerica are the two Central Nonprofit Agencies designated by the U.S. AbilityOne Commission. <u>41CFR 51-3</u>
Community Rehabilitation Program (CRP)	The terminology used in the Rehabilitation Act and by SourceAmerica. CRPs are organizations that perform services or produce products with Contracting Activities that require a specific product or service. Term currently preferred is NPA (Nonprofit Agency).
Direct labor	All work required for preparation, processing, and packing of a commodity or work directly related to the performance of a service, but not supervision, administration, inspection or shipping. <u>41 CFR 51-1.3</u>
Inure	To take effect or to result. The Treasury regulations apply the rule for tax exempt status to define an organization as “not operated exclusively for one or more exempt purposes if its net earnings inure in whole or in part to the benefit of private shareholders or individuals.” <u>26 C.F.R. § 1.501(c)(3)-1(c)(2)</u> (1984).
Javits-Wagner-O’Day (JWOD) Act	Established an employment program designed to provide job opportunities for people who are blind or who have other significant disabilities. These jobs involve the sale of goods or services to the Federal Government. <u>41 USC 8501-8506.</u>
Material (Section 7.A)	Having influence or effect and goes to the substantial matter at issue. The Tax Court has revoked tax exempt status where non-profit entities have never fulfilled “religious, charitable, or educational” purposes required for the exemption or where the circumstances of the business practice have materially changed such that the entity no longer meets the tax exempt criteria.

Military resale commodities	Commodities on the Procurement List sold for the private, individual use of authorized patrons of Armed Forces commissaries and exchanges, or like activities of other Government departments and agencies.
NIB	National Industries for the Blind
Nonprofit Agency (NPA)	NPA is an alternate term for CRP. NPAs are organizations that perform services or produce products with Contracting Activities that require a specific product or service.
Other severely disabled and severely disabled individuals (hereinafter persons with significant disabilities)	<p>A person (other than a blind person) who has a significant physical or mental impairment (a residual, limiting condition resulting from an injury, disease or congenital defect), which limits the person's functional capabilities (mobility, communication, self-care, self-direction, work tolerance or work skills) such that the individual is unable to engage in normal competitive employment over an extended period of time.</p> <p>(1) Capability for normal competitive employment shall be determined from information developed by an ongoing evaluation program conducted by or for the nonprofit agency and shall include, at a minimum, a preadmission evaluation and a reevaluation at least annually of each individual's capability for normal competitive employment.</p> <p>(2) A person with a significant mental or physical impairment who is able to engage in normal competitive employment because the impairment has been overcome or the condition has been substantially corrected is not "other significantly disabled" within the meaning of the definition.</p>
Participating nonprofit agency	A nonprofit agency that has been authorized by the Commission furnish a commodity or service to the Government under the JWOD Act.
Qualified nonprofit agency for the blind (hereinafter nonprofit agency for the blind)	An agency organized under the laws of the United States or of any State, operated in the interest of blind individuals, and the net income of which does not inure in whole or in part to the benefit of any shareholder or other individual; which complies with applicable occupational health and safety standards prescribed by the Secretary of Labor; and which in furnishing commodities and services (whether or not the commodities or services are procured under these regulations) during the fiscal year employs blind individuals for not less than 75 percent of the work-hours of direct labor required to furnish such commodities or services.
Qualified nonprofit agency for other severely disabled (hereinafter nonprofit agency employing persons with significant disabilities)	An agency organized under the laws of the United States or any State, operating in the interests of persons with significant disabilities who are not blind, and the net income of which does not inure in whole or in part to the benefit of any shareholder or other individual; which complies with applicable occupational health and safety standards prescribed by the Secretary of Labor; and which in furnishing commodities and services (whether or not the commodities or services are procured under these regulations) during the fiscal year employs persons with significant disabilities (including blind) for not less than 75 percent of the work-hours of direct labor required to furnish such commodities or services.

Acronym or Term	Definition or Description (continued)
Service-Disabled Veteran-Owned Small Business	A small business that meets the eligibility requirements established by the Small Business Administration regulations (13 CFR §§ 125.8-125.13) that require the business to be owned and controlled by service-disabled veterans (also known as a Service-Disabled Veteran-Owned SBC) who have a service-connected disability that has been determined by the VA, in writing, to be a permanent and total service-connected disability as set forth in 38 CFR 3.340 for purposes of receiving disability compensation or a disability pension.
Significantly Disabled individual or persons with a significant disability	<p>A person other than a blind person who has a significant physical or mental impairment (a residual, limiting condition resulting from an injury, disease or congenital defect), which so limits the person's functional capabilities (mobility, communication, self-care, self-direction, work tolerance or work skills) that the individual is unable to engage in normal competitive employment over an extended period of time.</p> <p>(1) Capability for normal competitive employment shall be determined from information developed by an ongoing evaluation program conducted by or for the nonprofit agency and shall include, as a minimum, a preadmission evaluation and a reevaluation at least annually of each individual's capability for normal competitive employment.</p> <p>(2) A person with a significant mental or physical impairment who is able to engage in normal competitive employment because the impairment has been overcome or the condition has been substantially corrected is not "other significantly disabled" within the meaning of the definition.</p> <p>In correspondence and policy, the term "significant disability" is synonymous with the term "severe disability" as defined in 41 U.S.C. 8501 and the applicable regulations.</p>
SourceAmerica	<p>SourceAmerica® is a national nonprofit that creates job opportunities for a skilled and dedicated workforce: people with significant disabilities.</p> <p>We are the vital link between this exceptional workforce, the network of community-based nonprofits, and the Federal Government and commercial companies that need the products and services the nonprofits provide. SourceAmerica is an AbilityOne authorized enterprise.</p>
Subcontracting	Any acquisition from another source of materials, including raw materials, or services required by the nonprofit agency(ies) to provide a Procurement List product or service allocated under the AbilityOne Program.
Veteran	Shall have the same meaning in 38 U.S.C. § 101(2) and means a person who served in the active military, naval or air service, and who was discharged or released therefrom under conditions other than dishonorable.

OVERALL – APPENDICES

- All required Appendices shall be presented in the form of a written narrative, not to exceed 3 pages (per Appendix). Exceptions to this would be Articles of Incorporations, Bylaws, and Revisions to State or Local State Statutes. The written narrative should be formatted in accordance with the following guidance:
 - (a) Font**
 - i. Use an *Arial or Times New Roman* typeface, a black font color, and a font size of 12 points or larger. A symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.
 - (b) Page Formatting**
 - i. Specifically identify the Section and Line Item Number (i.e 6.A.2)
 - ii. Provide a written narrative explanation, single-sided and single-spaced.
 - iii. All appendix narrative explanations should be attached as a single PDF file.-

INSTRUCTIONS - SECTIONS 1-5: GENERAL INFORMATION

- **Agency Name:** Enter the incorporated name of the nonprofit agency (NPA), as stated in the organization’s Articles of Incorporation.
- **D-U-N-S Number:** Enter the corporation’s Dun & Bradstreet D-U-N-S number. *NOTE: The D-U-N-S Number is a unique nine-digit number assigned to an entity by Dun & Bradstreet that identifies business entities on a location-specific basis. If the NPA has multiple D-U-N-S Numbers, enter all associated D-U-N-S Numbers for the NPA.*
- **Mailing Address:** Enter the NPA’s mailing address, including street address, city, state and zip code. *NOTE: Do not enter a P.O. Box. The address entered should be the location where the President/Executive Director’s office is located.*
- **Form Completed By:** Enter the name of the individual who completed the form.
- **Fiscal Year Ending:** Enter the end date of the NPA’s current fiscal year.

INSTRUCTIONS - SECTION 6: ABILITYONE REQUIREMENTS:

- Lines 6.A-6.L requires the NPA to certify an answer of “Yes”, “No” or “N/A” by marking each statement with an “” as appropriate. If the NPA marks “No” for any of the statements in lines 6.A-6.L, the NPA is required to provide an explanation in the form of an attachment, as instructed in the form.

NOTE: Additional guidance and clarifications are provided below for “Section 6: AbilityOne Requirements” statements.

Guidance and Clarifications

- Attached Appendices are to include a proposed corrective action plan for approval by the Commission or a plan already approved by the Commission. Each Appendix is limited to a maximum response of three (3) pages.
- Any certification by an NPA of “No” for lines 6.A-6.L means the NPA acknowledges it is not in compliance with the AbilityOne Program regulations. Non-compliant NPAs may be placed on probation, which would make the NPA ineligible for new AbilityOne work. While on probation, the NPA may also be subject to the removal of its authorization to provide a product or service from the Procurement List or removal from the AbilityOne Program.

NOTE: Commission policy, “51.403, Nonprofit agencies out of compliance with Commission Regulations,” will govern the process used by the Commission to evaluate non-compliant NPAs.

INSTRUCTIONS - SECTION 7: NONPROFIT AGENCY REQUIREMENTS:

- Lines 7.A-7.G requires the NPA to certify an answer of “Yes” or “No” by marking each statement with an “☒” as appropriate. If the NPA marks an answer in any of the statements in lines 7.A-7.G requesting an attachment, the NPA is required to provide an explanation in the form of an attached Appendix for EACH line marked, as instructed in the form.

NOTE: Additional guidance and clarifications are provided below for “Section 7: Nonprofit Agency Requirements” statements.

Guidance and Clarifications

- Attached Appendices are to include a narrative explanation of the specific situation related to the “No” answer to a specific statement in lines 7.A-7.G.
- Section 7 consists of seven statements related to the operations of your NPA. A response of “yes” or “no” does not imply your NPA is not in compliance. Some responses, however, may be a concern to the Commission about an NPA’s ability to correctly function within the AbilityOne Program as a Federal Government contractor and may result in requests for additional information.

INSTRUCTIONS - SECTION 8: ABILITYONE PROGRAM INTEGRITY:

- Lines 8.A-8.E require the NPA to certify the answer of “Yes” or “No” by marking each statement with an “☒” as appropriate. If the NPA marks “Yes” for any of the statements in lines 8.A-8.E, the NPA is required to provide an explanation in the form of an attached Appendix for EACH line marked “Yes”, as instructed in the form.

NOTE: Additional guidance and clarifications are provided below for “Section 8: AbilityOne Program Integrity” statements.

Guidance and Clarifications

- Attached Appendices are to include a narrative explanation of the specific situation related to the “Yes” answer to a specific statement in lines 8.A-8.E.
- Section 8 consists of statements your NPA answered as part of the annual System Award Management (SAM) certification. As the answers to these questions can result in the removal of the contract from your NPA, the Commission must know how these questions were answered by your NPA in the SAM certification.

SECTIONS 9- 14, ANNUAL OPERATIONAL DATA

The following instructions provide directions to properly complete Sections 9-14 of the form. The information entered by the NPA should be for the fiscal year coming to an end. All questions pertain to the current, ending Federal fiscal year.

INSTRUCTIONS - SECTION 9: NIB AGENCIES ONLY (DOES NOT APPLY TO SOURCEAMERICA AGENCIES):

<p>Lines 9.A-9.D require the NPA to certify an answer of “Yes”, “No”, or “N/A” by marking each statement with an “☒” as appropriate. If the NPA marks “No” for any of the statements in lines 9.A-9.D, the NPA is required to provide an explanation in the form of an attached Appendix for EACH line marked “No”, as instructed in the form.</p> <p>It is suggested that NIB NPAs complete the data entry for Section 9.1 and 9.2 <u>PRIOR</u> to answering items 9.A-9.D</p> <p>NOTE: Additional guidance and clarifications are provided below for “Section 9: NIB Agencies Only” statements.</p>	
9.A & 9.B	Direct labor is defined as all hours required for preparation, processing and packaging of a product or hours directly related to the performance of a service but does not include supervision, administration, inspection or shipping. Hours performed by a subcontractor related to providing the product or service are not included. Direct labor hours performed by temporary workers are included. Also included are hours paid for vacation, holidays and sick leave.
9.C	The Javits-Wagner-O’Day Act requires nonprofit agencies participating in the AbilityOne Program to maintain an overall direct labor hour ratio of at least 75%. The Commission allows normal rounding procedures, i.e. your agency’s overall direct labor ratio must be higher than 74.50%.
9.D	The Javits-Wagner-O’Day Act requires all direct labor hours performed at an NPA be included in the ratio calculation. This includes all direct labor performed by temporary employees of the NPA or employees and/or employees contracted from a temporary employment agency. Direct labor hours performed by a subcontractor related to providing the product or service are not included.
9.1 DATA FOR THE TOTAL AGENCY	
9.1.A	Enter the total direct labor hours performed by people who are blind for this fiscal year.
9.1.B	Enter the total direct labor hours performed by people who are sighted for this fiscal year.
9.1.C	Enter the sum of lines 9.1.A and 9.1.B to calculate the total of all direct labor performed by the agency for this fiscal year.
9.1.D	Calculate the percentage of direct labor hours performed by people who are blind on AbilityOne product and service contracts by dividing line 9.1.A by line 9.1.C. To be in compliance with statutory requirements, the result must be at least 75%. The Commission allows normal rounding procedures, i.e. your agency’s overall direct labor ratio must be higher than 74.50%.
9.1.E	Enter in the appropriate columns the number of people who are blind and performed direct labor on products and/or service contracts during this fiscal year.
9.1.F	Enter the number of people who are blind and have an additional physical or mental disability who performed direct labor during this fiscal year.
9.1.G	Enter the sum of lines 9.1.E and 9.1.F
9.1.H	Enter in the appropriate columns the total wages paid to people who are blind performing direct labor on products and/or service contracts. Include paid vacation, holidays, sick leave

	and Service Contract Act fringe benefits paid in cash.
9.1.I	Enter in the appropriate columns the total direct labor hours performed by veterans who are blind from line 9.1.A.
9.1.J	Enter in the appropriate columns the total veterans who are blind from line 9.1.G
9.1.K	Enter in the appropriate columns the total wages paid to veterans who are blind and performed direct labor from line 9.1.I. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.
9.2 DATA FOR THE ABILITYONE PROGRAM ONLY	
9.2.A	Enter in the appropriate columns the direct labor hours paid to all employees who are blind and performed direct labor on AbilityOne contracts during this fiscal year.
9.2.B	Enter in the appropriate columns the direct labor hours paid to all employees who are sighted and performed direct labor on AbilityOne contracts during this fiscal year.
9.2.C	Enter the sum of 9.2.A and 9.2.B to calculate the total of all AbilityOne direct labor hours performed during this fiscal year.
9.2.D	Calculate the percentage of direct labor hours performed by people who are blind on AbilityOne product and service contracts by dividing line 9.2.A by line 9.2.C.
9.2.E	Enter in the appropriate columns the number of people who are blind only performing direct labor on products and service contracts.
9.2.F	Enter in the appropriate columns the number of people who are blind and have significant disabilities performing direct labor on products and service contracts.
9.2.G	Enter the sum of 9.2.E and 9.2.F
9.2.H	Enter in the appropriate columns the total wages paid to employees performing direct labor on AbilityOne product and service contracts. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.
9.2.I	Enter in the appropriate columns the total direct labor hours from 9.2.A performed by veterans who are blind.
9.2.J	Enter in the appropriate columns the total direct labor hours from 9.2.G performed by veterans who are blind.
9.2.K	Enter in the appropriate columns the total amount of wages paid to veterans who are blind and performed direct labor on AbilityOne product and service contracts from line 9.2.I. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.

INSTRUCTIONS - SECTION 10: SOURCEAMERICA AGENCIES ONLY (DOES NOT APPLY TO NIB AGENCIES):

Lines 10.A-10.D requires the NPA to certify an answer of “Yes”, “No”, or “N/A” by marking each statement with an “” as appropriate. If the NPA marks “No” for any of the statements in lines 10.A-10.D, the NPA is required to provide an explanation in the form of an attached Appendix for EACH line marked “No”, as instructed in the form.

It is suggested that SOURCEAMERICA NPAs complete the data entry for Section 10.1 and 10.2 PRIOR to answering items 10.A-10.D

NOTE: Additional guidance and clarifications are provided below for “Section 10: SourceAmerica Agencies Only” statements.

10.A & 10.B	Direct labor is defined as all hours required for preparation, processing and packaging of a product or hours directly related to the performance of a service but does not include supervision, administration, inspection or shipping. Hours performed by a subcontractor related to providing the product or service are not included. Direct labor hours performed by temporary workers are included. Also included are hours paid for vacation, holidays and sick leave.
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10.C	The Javits-Wagner-O'Day Act requires nonprofit agencies participating in the AbilityOne Program to maintain an overall direct labor hours ratio of at least 75%. The Commission allows normal rounding procedures, i.e. your agency's overall direct labor ratio must be higher than 74.50%.
10.D	The Javits-Wagner-O'Day Act requires all direct labor hours performed at a nonprofit agency be included in the ratio calculation. This includes all direct labor performed by temporary employees of the agency or employees and/or employees contracted from a temporary employment agency. Direct labor hours performed by a subcontractor related to providing the product or service are not included.
10.1 DATA FOR THE TOTAL AGENCY	
10.1.A	Enter the total direct labor hours performed by people who are blind or significantly disabled for this fiscal year in the appropriate category.
10.1.B	Enter the total direct labor hours performed by people without significant disabilities for this fiscal year in the appropriate category.
10.1.C	Enter the sum of lines 10.1.A and 10.1.B to calculate the total of all direct labor performed by the agency for this fiscal year.
10.1.D	Calculate the percentage of direct labor hours performed by people who are blind or significantly disabled on AbilityOne product and service contracts by dividing line 10.1.A by line 10.1.C. To be in compliance with statutory requirements; the result must be at least 75%. The Commission allows normal rounding procedures, i.e. your agency's overall direct labor ratio must be higher than 74.50%.
10.1.E	Enter in the appropriate columns the number of people who are blind and performed direct labor on products and/or service contracts during this fiscal year.
10.1.F	Enter in the appropriate columns the total number of people with significant disabilities, including those who are blind, who have performed direct labor hours on Products and or services during this fiscal year.
10.1.G	Enter in the appropriate columns the total wages paid to people with significant disabilities, including blindness, performing direct labor on product and/or service contracts. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.
10.1.H	Enter in the appropriate columns the total direct labor hours performed by veterans who are blind or have a significant disability.
10.1.I	Enter in the appropriate columns the total number of veterans who are blind or have significant disabilities included in line 10.1.F.
10.1.J	Enter in the appropriate columns the total wages paid to veterans who are blind or have significant disabilities included in line 10.1.I. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.
10.2 DATA FOR THE ABILITYONE PROGRAM ONLY	
10.2.A	Enter in the appropriate column the total direct labor hours performed by people who are blind or significantly disabled on AbilityOne contracts during this fiscal year.
10.2.B	Enter in the appropriate column the direct labor hours performed by people without significant disabilities on AbilityOne contracts during this fiscal year.
10.2.C	The sum of lines 10.2.A and 10.2.B is the total of all AbilityOne direct labor hours performed during this fiscal year.
10.2.D	Calculate the percentage of direct labor hours performed by people who are blind or significantly disabled on AbilityOne product and service contracts by dividing line 10.2.A by line 10.2.C.
10.2.E	Enter in the appropriate columns the number of people who have blindness as a disability and worked on AbilityOne product and/or service contracts during this fiscal year.
10.2.F	Enter the total number of people with significant disabilities, including those who are blind (line 10.2.E), that have worked on AbilityOne products during the last year.
10.2.G	Enter in the appropriate columns the total wages paid to people with significant disabilities

	who worked on AbilityOne contracts. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.
10.2.H	Enter in the appropriate columns the total direct labor hours performed by veterans who are blind or have significant disabilities from line 10.2.A.
10.2.I	Enter in the appropriate columns the total number of veterans, from 10.2.F, who are blind or have significant disabilities.
10.2.J	Enter the total amount of wages paid to veterans who are blind or have significant disabilities who performed direct labor on AbilityOne contracts from line 10.2.H. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.

INSTRUCTIONS - SECTION 11: INFORMATION ON AGENCY AND ABILITYONE PLACEMENT AND PROMOTION OF PEOPLE WHO ARE BLIND OR HAVE SIGNIFICANT DISABILITIES:

11.A	<p>Enter in the appropriate column the number of people who are blind or have significant disabilities who were placed into competitive employment as defined by the AbilityOne Program during this fiscal year.</p> <p>NOTE: The number is to be broken down to indicate placement from AbilityOne projects, non AbilityOne projects and direct placements as well as the Agency total. Placement of an individual onto an AbilityOne job can only be counted if the individual's hours are not counted towards the 75% direct labor ratio requirement. It is important to note the definition of competitive employment used by the Commission: that the individual is capable of obtaining and maintaining the job without assistance. This means that supported employment positions are not considered competitive employment. Direct placement means that the Agency placed an individual into a competitive job, but the individual never performed direct labor at the Agency.</p>
11.B	<p>Enter in the appropriate column the number of people who are blind or have significant disabilities who were placed into supported employment as defined by the AbilityOne Program during this fiscal year.</p> <p>NOTE: The number is to be broken down to indicate placement from AbilityOne projects and non AbilityOne projects and direct placements as well as the Agency total. These placements include all workers who had been placed into positions other than competitive employment. Placement of an individual onto an AbilityOne job does not count toward this total. Direct placement means that the Agency placed an individual into a supported job, but the individual never performed direct labor at the Agency.</p>
11.C	<p>This question seeks information on people who are blind or have significant disabilities who are working for the NPA, not in supervisory or management positions, (whether in a client or other employee status) and who were promoted to a new job or workstation within the Agency that paid increased wages or benefits. This question should not include individuals whose wages increased due to cost of living raises or productivity increases. Do not include people who continued to perform the same job but were hired from a client status into a permanent employee status.</p>
11.D	<p>This question seeks information on people who are blind or have significant disabilities who are working for the NPA (whether a client or other employee status) and who were promoted to a new job or workstation within the Agency that paid increased wages or benefits and which included increased supervisory, management or technical skills. This question should not include individuals whose wages increased due to cost of living raises or productivity increases. Do not include people who continued to perform the same job but were hired from a client status into a permanent employee status.</p>

INSTRUCTIONS - SECTION 12: AGENCY AND ABILITYONE SALES:

<p>AbilityOne sales are broken into three categories: 1) Military Resale; 2) Products; and 3) Services. Report only the value of those Military Resale items that were produced in the NPA. Services are items that were added to the Procurement List as services and products are items that were added to the Procurement List as products. Report on each line (12.A.1 – 12.A.3) the sales from the previous fiscal year. Line 12.A.4 is the total AbilityOne sales.</p>	
12.A.1	Enter dollar value of Military Resale (Direct) sales This dollar value should include both Direct and Warehouse Sales.
12.A.2	Enter dollar value of AbilityOne Products sales
12.A.3	Enter dollar value of AbilityOne Service sales
12.A.4	Enter total AbilityOne sales. Sum of lines 12.A.1, 12.A.2 and 12.A.3
<p>Indicate sales by Base Supply Centers to Federal customers. Those agencies that sell directly to Base Supply Centers should continue to record those sales as AbilityOne sales.</p>	
12.B.1	Enter dollar value of Base Supply Center, AbilityOne Products sales
12.B.2	Enter total Base Supply Center sales. This calculation should include dollar value in 12.B.1
<p>Indicate the totals of any Federal sales and/or other agency contract and subcontract work not recorded as AbilityOne sales or Base Supply Center sales.</p>	
12.C	Enter total of Federal sales other than for those set aside under the AbilityOne Program or Base Supply Center.
12.D	Enter total sales of other agency contract and subcontract work
<p>Total Agency Sales</p>	
12.E	Enter total agency sales Sum of lines 12.A.4, 12.B.2, 12.C and 12.D

INSTRUCTIONS - SECTION 13: SUBCONTRACTING / VENDOR ACTIVITY:

<p>Subcontracting values are broken into three categories: 1) Nonprofit Entities; 2) Small Business Entities; and 3) Large Business/Commercial entities. Report only the total values paid by the NPA to the subcontractor. The NPA will be prompted for AbilityOne subcontract totals and total agency subcontract totals throughout Section 13. NPAs should NOT include values paid to vendors or distributors where a formal subcontract does not exist. Enter the total dollar values paid by the NPA for each subcontract category identified in lines 13.A-13.D. If unknown, enter "Unknown." In the appropriate line(s).</p>	
<p>Nonprofit Entities</p>	
13.A.1	Enter dollar value of subcontracts paid to AbilityOne NPAs through a Procurement List, mandatory subcontract.
13.A.2	Enter dollar value of subcontracts paid to any other nonprofits (exclude line 13.A.1)
13.A.3	Enter total dollar value of subcontracts paid to nonprofit entities. Sum of lines 13.A.1 and 13.A.2
<p>Small Business Entities</p>	
13.B.1	Enter dollar value of subcontracts paid to Women-Owned businesses
13.B.2	Enter dollar value of subcontracts paid to Veteran-Owned and/or Service-Disabled Veteran-Owned businesses.

13.B.3	Enter total dollar value of subcontracts paid to all small business entities. Include lines 13.B.1, 13.B.2, and any other type of small business entities
Large Business/Commercial Entities	
13.C.1	Enter total dollar value of subcontracts paid to large business/commercial entities
Total Subcontracts	
13.D	Enter total dollar values paid to subcontractors. Sum of lines 13.A.3, 13.B.3, and 13.C.1

INSTRUCTIONS - SECTION 14: VETERANS:

14.A	<p>Enter total number of veterans who are employed by your agency, regardless of where they work, or if they are blind or have a significant disability.</p> <p>The VA defines “veterans” as a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. (38 U.S.C. § 101(2))</p>
14.B	Enter number of veterans with a service connected disability, as determined by the VA, who are employed by your agency.
14.C	<p>Enter number of Wounded Warriors who are employed by your agency, regardless of where they work, or if they are blind or have a significant disability.</p> <p>NOTE: Veterans must suffer from wounds, illnesses or injuries incurred in the line of duty after September 10, 2001 AND receive or expect to receive at least a 30% rating from the Integrated Disability Evaluation System (IDES) for one of the conditions listed below:</p> <ul style="list-style-type: none"> • Post-traumatic stress (PTS or PTSD) • Severe traumatic brain injury (TBI) • Severe loss of vision/blindness • Severe hearing loss/deafness • Fatal/incurable disease with limited life expectancy • Loss of limb • Spinal cord injury • Permanent disfigurement • Severe burns • Severe paralysis • Receive a 30% rating or greater for one Veterans Affairs Scheduled Rating Decision (VASRD) as rated by the Physical Evaluation Board (PEB) in any other Special Category (SPECAT)/ Enabling Care (EC) or combat/combat-related condition OR receive a combined 50% IDES rating for any other combat/combat-related condition

The information collected by this form is mandatory for the nonprofit Agency to obtain or retain the benefits of participation in the AbilityOne Program (41 U.S.C. 46-48c, 41 CFR 51); this information is used to ensure that nonprofit agencies participating in the AbilityOne Program are meeting the Program’s requirements; comments may be submitted to Edward Yang, Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 721, 1401 South Clark Street, Arlington, VA 22202; the estimated burden per respondent is **XXX** hours and the cost of sending the form to NIB or SourceAmerica; the OMB approval number is 3037-**0013** the expiration date is **XX/XX/201X**.

ANNUAL REPRESENTATIONS AND CERTIFICATIONS FOR ABILITYONE QUALIFIED NONPROFIT AGENCY (NPA) FORM			APPROVED OMB NO.
			EXPIRES
1. AGENCY NAME	[enter agency name]	2. D-U-N-S NUMBER(s)	[enter D-U-N-S number]
3. MAILING ADDRESS	[enter mailing address]		
	[enter city]	[enter state]	[enter zip code]
4. FORM COMPLETED BY	[enter POC name]	5. FISCAL YEAR ENDING	[enter month/day/year]
THE NPA CERTIFIES THAT THE INFORMATION PROVIDED IN SECTION 6 – SECTION 14 BELOW IS ACCURATE, COMPLETE, AND CURRENT.			
6. ABILITYONE PROGRAM REQUIREMENTS			
6.A	In accordance with 41 CFR 51-4.3(a), the NPA complies “with the requirements of a “nonprofit agency for other significantly disabled” or a “nonprofit agency for the blind” as defined in 51-1.3.”	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.A
-6.A.1	In furnishing products or services (whether or not the products or services are procured under these regulations) during the fiscal year, the NPA “employs blind individuals and/or individuals with significant disabilities for not less than 75 percent of the work-hours of direct labor required to furnish such products or services.” (41 CFR 51-4.1.3) NOTE: If the NPA answers “YES” to this statement, the overall direct labor hour ratio reported in line 9.1.D or line 10.1.D <i>must</i> be not less than 75%. The Commission allows normal rounding procedures, i.e. your agency’s overall direct labor ratio must be higher than 74.50%.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.A.1
-6.A.2	The NPA complies with the requirement to include a statement in its bylaws that the net income of the NPA “does not inure in whole or in part to the benefit of any shareholder or other individual.” (41 CFR 51-4.1.3)	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.A.2
6.B	The NPA furnishes “products or services in strict accordance with Government orders.” (41 CFR 51-4.3(b)(1))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.B
6.C	The NPA complies “with the applicable compensation, employment and occupational health and safety standards prescribed by the Secretary of Labor, including procedures to encourage filling of vacancies within the nonprofit agency by promotion of qualified employees who are blind or have other severe disabilities.” (41 CFR 51-4.3(b)(2))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.C
-6.C.1	The NPA complies with all applicable contract clauses, such as affirmative action, EEO, FMLA, drug free workplace, Vets-4212 and code of business ethics and conduct.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.C.1
-6.C.2	The NPA complies with the applicable compensation and employment standards prescribed by the Secretary of Labor (such as Fair Labor Standards Act, Service Contract Act and the Davis-Bacon Acts), including procedures to encourage filling of vacancies within the nonprofit agency by promotion of qualified employees who are blind or have other significant disabilities.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.C.2
		<input type="checkbox"/>	NO , The agency was audited by DOL. The DOL findings report is attached: labeled Attachment 6.C.2

-6.C.3	The NPA complies with applicable Occupational Safety and Health Act (OSHA) standards as prescribed by the Secretary of Labor. The NPA has, at a minimum, a hazard safety plan.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.C.3
		<input type="checkbox"/>	NO , The agency was inspected and citations were received, the inspector's report is attached: labeled Attachment 6.C.3
6.D	The NPA complies "with directives or requests issued by the Committee in furtherance of the objectives of the JWOD Act or its implementing regulations." (41 CFR 51-4.3(b)(3))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.D
6.E	The NPA makes "its records available for inspection at any reasonable time to representatives of the Committee or the central nonprofit agency representing the nonprofit agency." (41 CFR 51-4.3(b)(4))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.E
6.F	The NPA maintains "records of direct labor hours performed in the nonprofit agency by each worker." (41 CFR 51-4.3(b)(5))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.F
6.G	The NPA maintains "a file for each blind individual performing direct labor, which contains a written report reflecting visual acuity and field of vision of each eye, with best correction, signed by a person licensed to make such an evaluation, or a certification of blindness by a State or local government entity." (41 CFR 51-4.3(b)(6))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.G
		<input type="checkbox"/>	N/A , Individuals who are blind are NOT served by the NPA.
6.H	The NPA maintains "in the file for each blind individual performing direct labor annual reviews of ability to engage in normal competitive employment. These reviews must be signed by an individual qualified by training and/or experience to make this determination." (41 CFR 51-4.3(b)(7))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.H
		<input type="checkbox"/>	N/A , Individuals that are blind are NOT served by the NPA.
6.I	For each individual with a significant disability, the NPA maintains a file that contains "a written report signed by a licensed physician, psychiatrist or qualified psychologist, reflecting the nature and extent of the disability or disabilities that cause such person to qualify as a person with a significant disability, or a certification of the disability or disabilities by a State or local governmental entity." (41 CFR 51-4.3(c)(1))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.I
		<input type="checkbox"/>	N/A , 6.I does not apply to ANY NIB NPA.
		<input type="checkbox"/>	N/A , Individuals with significant disabilities are NOT served by the NPA.
6.J	For each individual with a significant disability the NPA maintains a file that contains "reports which state whether that individual is capable of engaging in normal competitive employment. These reports shall be signed by a person or persons qualified by training and experience to evaluate the work potential, interests, aptitudes and abilities of persons with disabilities, and shall normally consist of preadmission evaluations and reevaluations prepared at least annually." (41 CFR 51-4.3(c)(2))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.J
		<input type="checkbox"/>	N/A , 6.j does not apply to ANY NIB NPA.
		<input type="checkbox"/>	N/A , Individuals with significant disabilities are NOT served by the NPA.
6.K	The NPA maintains "an ongoing placement program operated by or for the nonprofit agency to include a liaison with appropriate community services such as the State employment service, employer groups and others. Those individuals determined capable and desirous of normal competitive employment shall be assisted in obtaining such employment." (41 CFR 51-4.3(b)(8))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.K

6.L	Upon receipt of payment by the Government for products or services furnished under the AbilityOne Program, the NPA pays "to the central nonprofit agency a fee which meets the requirements of 41 CFR 51-3.5." (41 CFR 51-4.3(b)(9))	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach Explanation: labeled Attachment 6.L
7. NONPROFIT AGENCY REQUIREMENTS			
7.A	Has the NPA had a material change in: 1) corporate structure or leadership control; or 2) structure at the Board of Directors Officer or Chief Executive Officer level since the last submitted AbilityOne Annual Representations and Certifications?	<input type="checkbox"/>	YES , Attach explanation: labeled Attachment 7.A
		<input type="checkbox"/>	YES , The change was identified in project specific certifications for PL Addition _____ dated _____. <i>NOTE: No appendix required.</i>
		<input type="checkbox"/>	NO , A material change did not occur.
7.B	Has the NPA submitted any changes to: 1) the corporate Articles of Incorporation / State Statues; or 2) the corporate Bylaws/Implementing Regulations that occurred since the last submitted AbilityOne Annual Representations and Certifications?	<input type="checkbox"/>	YES , Attach explanation: labeled 7.B for: 1) Date(s) of change: Article/State Statues and/or Bylaws/Implementing Regulations; and 2) Copies of the specific change(s)
		<input type="checkbox"/>	NO , A change did not occur.
7.C	If applicable, did the NPA submit the IRS Form 990 to the IRS within the last year?	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 7.C
		<input type="checkbox"/>	NO , IRS Form 990 <u>NOT</u> APPLICABLE to this agency
7.D	Did the NPA receive an independent financial audit report for the last year? <i>NOTE: This can be calendar or fiscal year, depending on the NPA's financial closing period.</i>	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 7.D
7.E	Does the NPA abide by the AbilityOne licensee agreement?	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 7.E
7.F	Does <u>ANY</u> part of the net income of the nonprofit agency inure to the benefit of any shareholder or other individual?	<input type="checkbox"/>	YES , Attach explanation: labeled Attachment 7.F
		<input type="checkbox"/>	NO
7.G	Does the NPA comply with cost principles identified in 2 CFR Part 230, Cost Principles for Non-profit Organizations (formerly OMB Circular A-122)?	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 7.G

8. ABILITYONE PROGRAM INTEGRITY			
8.A	Is this entity, or any of its principals, currently debarred, suspended, proposed for debarment or declared ineligible for the award of contracts by any federal agency? (FAR 52.209-5, FAR 52.212-3) <i>NOTE: The CNA will check the exclusions list for the D-U-N-S number(s) of your entity and indicate whether any exclusion records exist.</i>	<input type="checkbox"/>	YES , Attach explanation: labeled Attachment 8.A
		<input type="checkbox"/>	NO
8.B	In the past three (3) years, has this entity, or any of its principals, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violating Federal criminal tax laws, or receiving stolen property? (FAR 52.209-5, FAR 52.212-3)	<input type="checkbox"/>	YES , Attach explanation: labeled Attachment 8.B
		<input type="checkbox"/>	NO
8.C	Is this entity, or any of its principals, presently indicted for, or otherwise criminally or civilly charged by Government entity with, commission of any of these offenses enumerated in 8.B? (FAR 52.209-5, FAR 52.212-3)	<input type="checkbox"/>	YES , Attach explanation: labeled Attachment 8.C
		<input type="checkbox"/>	NO
8.D	In the past three (3) years, has this entity been notified of any delinquent Federal taxes in the amount that exceeds \$3,000 for which the liability remains unsatisfied? (FAR 52.209-5, FAR 52.212-3)	<input type="checkbox"/>	YES , Attach explanation: labeled Attachment 8.D
		<input type="checkbox"/>	NO
8.E	In the past three (3) years, has this entity had one or more contracts terminated for default by any Federal agency? (FAR 52.209-5)	<input type="checkbox"/>	YES , Attach explanation: labeled Attachment 8.E
		<input type="checkbox"/>	NO
9. ALL SECTIONS (9, 9.1, AND 9.2), ARE TO BE COMPLETED ONLY BY NIB AGENCIES			
9.A	Data in line 9.1.A are the direct labor hours paid to employees of the NPA who are blind as defined in 41 CFR 51-1.3 of the Commission regulations. Both sets of hours include vacation, holiday and paid sick leave.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 9.A
9.B	Data in line 9.1.B are the direct labor hours performed by people who are sighted. Both sets of hours include vacation, holiday and paid sick leave.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 9.B
9.C	The overall direct labor hours ratio reported in line 9.1.D is greater than 74.50%.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 9.C
9.D	Total direct labor hours performed by temporary employees or employees of temporary employment agencies are included.	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO , Attach explanation: labeled Attachment 9.D
		<input type="checkbox"/>	N/A , No temporary individuals or individuals from temporary employment agencies provided direct labor hours.

9.1 DATA FOR THE TOTAL AGENCY		PRODUCTS	SERVICES	TOTAL
9.1.A	Direct labor hours performed by people who are blind			
9.1.B	Direct labor hours performed by people who are sighted			
9.1.C	Total direct labor hours performed (9.1.A + 9.1.B)			
9.1.D	Percent of direct labor hours performed by people who are blind			
9.1.E	Total number of people who are blind only (regardless of hours worked)			
9.1.F	Total number of people who are blind with other disabilities (regardless of direct labor hours worked)			
9.1.G	Total number of people who are blind performing direct labor (9.1.E + 9.1.F)			
9.1.H	Direct labor wages paid to people who are blind. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$
9.1.I	Direct labor hours performed by veterans included in line 9.1.A			
9.1.J	Total number of veterans included in line 9.1.G			
9.1.K	Direct labor wages paid to the veterans included in line 9.1.I. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$
9.2 DATA FOR THE ABILITYONE PROGRAM ONLY		PRODUCTS	SERVICES	TOTAL
9.2.A	Direct labor hours performed by people who are blind			
9.2.B	Direct labor hours performed by people who are sighted			
9.2.C	Total direct labor hours performed (9.2.A + 9.2.B)			
9.2.D	Percent of direct labor hours performed by people who are blind			
9.2.E	Number of people who are blind only (regardless of hours worked)			
9.2.F	Number of people who are blind with other disabilities (regardless of hours worked)			
9.2.G	Total number of people who are blind performing direct labor (9.2.E + 9.2.F)			
9.2.H	AbilityOne direct labor wages paid to people who are blind. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$
9.2.I	Direct labor hours performed by veterans included in line 9.2.A			
9.2.J	Total number of veterans included in line 9.2.G			
9.2.K	Direct labor wages paid to the veterans included in line 9.2.I. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$
10. ALL SECTIONS (10, 10.1, AND 10.2) ARE TO BE COMPLETED ONLY BY SOURCEAMERICA AGENCIES				
10.A	Data in line 10.1.A are the direct labor hours paid to employees of the NPA who are blind or have other significant disabilities as defined in 41 CFR 51-1.3 of the Commission regulations. Both sets of hours include vacation, holiday and paid sick leave.	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO, Attach explanation: labeled Attachment 10.A	
10.B	Data in line 10.1.B are the direct labor hours performed by people who do not meet the Commission's definition of blind or have significant disabilities. Both sets of hours include vacation, holiday and paid sick leave.	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO, Attach explanation: labeled Attachment 10.B	
10.C	The overall direct labor hours ratio reported in line 10.1.D is greater than 74.50%.	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO, Attach explanation: labeled Attachment 10.C	

10.D	Total direct labor hours performed by temporary employees or employees of temporary employment agencies are included.	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO, Attach explanation: labeled Attachment 10.D	
		<input type="checkbox"/>	N/A, No temporary individuals or individuals from temporary employment agencies provided direct labor hours.	
10.1 DATA FOR THE TOTAL AGENCY		PRODUCTS	SERVICES	TOTAL
10.1.A	Direct labor hours performed by people with significant disabilities			
10.1.B	Direct labor hours performed by people without significant disabilities			
10.1.C	Total direct labor hours performed (10.1.A + 10.1.B)			
10.1.D	Percent of direct labor hours performed by people with significant disabilities			
10.1.E	Total number of people who are blind (regardless of hours worked)			
10.1.F	Total number of people with significant disabilities (regardless of hours worked; include numbers from line 10.1.E)			
10.1.G	Direct labor wages paid to people with significant disabilities. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$
10.1.H	Direct labor hours performed by veterans included in line 10.1.A			
10.1.I	Total number of veterans included in line 10.1.F			
10.1.J	Direct labor wages paid to the veterans in line 10.1.H. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$
10.2 DATA FOR THE ABILITYONE PROGRAM ONLY		PRODUCTS	SERVICES	TOTAL
10.2.A	Direct labor hours performed by people with significant disabilities			
10.2.B	Direct labor hours performed by people without significant disabilities			
10.2.C	Total direct labor hours performed (10.2.A + 10.2.B)			
10.2.D	Percent of direct labor hours performed by people with significant disabilities			
10.2.E	Total number of people who are blind (regardless of hours worked)			
10.2.F	Total number of people with significant disabilities (regardless of hours worked; include numbers from line 10.2.E)			
10.2.G	AbilityOne direct labor wages paid to people with significant disabilities. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$
10.2.H	Direct labor hours performed by veterans included in line 10.2.A			
10.2.I	Total number of veterans included in line 10.2.F			
10.2.J	Direct labor wages paid to the veterans in line 10.2.H. Include paid vacation, holidays, sick leave and Service Contract Act fringe benefits paid in cash.	\$	\$	\$

11. INFORMATION ON AGENCY AND ABILITYONE PLACEMENT AND PROMOTION OF PEOPLE WITH SIGNIFICANT DISABILITIES

		ABILITYONE	NON-ABILITYONE	DIRECT PLACEMENT	TOTAL
11.A	Number placed into competitive employment				
11.B	Number placed into supported employment				
11.C	Number 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			Not Applicable	
11.D	Number 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			Not Applicable	

12. AGENCY AND ABILITYONE SALES

12.A	Procurement List Items			
-12.A.1	NPA Sales of Military Resale (Direct & Warehouse)			\$
-12.A.2	NPA Sales of AbilityOne Products			\$
-12.A.3	NPA Sales of AbilityOne Services			\$
-12.A.4		<u>Total AbilityOne Sales</u>		\$
12.B	Base Supply Centers			
-12.B.1	NPA Sales of AbilityOne products			\$
-12.B.2		<u>Total Base Supply Centers Sales</u>		\$
12.C		<u>Total Other Federal non-AbilityOne Sales</u>		\$
12.D		<u>Total Other NPA Sales and Subcontracting</u>		\$
12.E		TOTAL AGENCY SALES		\$

13. SUBCONTRACTING ACTIVITY

Provide the total amount of subcontract dollars paid to each category of subcontractor entity in sections 13.A, 13.B and 13.C. Include ONLY dollar values for entities the NPA holds a valid subcontract with the entity.

		ABILITYONE	AGENCY TOTAL (to include AbilityOne)
13.A	Nonprofit Entities		
-13.A.1	Total value of subcontract(s) with AbilityOne NPAs (Procurement List, mandatory subcontracts)	\$	Not Applicable
-13.A.2	Total value of subcontract(s) with other nonprofits (excluding AbilityOne mandatory subcontracts)	\$	\$
-13.A.3	<u>Total subcontract value with Nonprofit Entities</u>	\$	\$
13.B	Small Business Entities		
-13.B.1	Total value of subcontract(s) with Women-Owned businesses	\$	\$
-13.B.2	Total value subcontract(s) with Veteran-Owned businesses and/or Service-Disabled Veteran-Owned businesses	\$	\$
-13.B.3	<u>Total subcontract value with all Small Business Entities (Sum of lines 13.B.1 and 13.B.2 and any other small businesses)</u>	\$	\$
13.C	Large Business/Commercial Entities		
-13.C.1	<u>Total subcontract value with Large Business/Commercial Entities</u>	\$	\$
	TOTAL SUBCONTRACTS	\$	\$

14. VETERANS

The numbers reported for line 14.A, 14.B, and 14.C should include **all** veterans / Wounded Warriors working at the NPA, whether working in management, indirect labor categories or already counted in items 9.1 or 10.1.)

14.A	Total number of veterans employed at your NPA, regardless of position	
14.B	Total number of veterans who have a disability in accordance with VA's definition of disability	
14.C	Total number of Wounded Warriors employed at your NPA, regardless of position	

THIS IS TO CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION AND DATA FROM THE RECORDS OF THE AGENCY SUBMITTED* TO THE COMMISSION THROUGH THE DESIGNATED CENTRAL NONPROFIT AGENCY IN SUPPORT OF THE AGENCY'S PARTICIPATION IN THE ABILITYONE PROGRAM FOR FEDERAL FISCAL YEAR [INSERT YEAR] ARE ACCURATE, COMPLETE AND CURRENT AS OF [INSERT DATE]*****

THE CERTIFICATE DOES NOT CONSTITUTE A REPRESENTATION AS TO THE ACCURACY OF THE ABILITYONE AGENCY CHIEF EXECUTIVE OFFICER (CEO) / EXECUTIVE DIRECTOR AND THE BOARD CHAIR OR VICE CHAIR'S JUDGEMENT OF FACTS RECEIVED AFTER THE DATE OF CERTIFICATION. IT APPLIES TO THE DATA UPON WHICH THE ABILITYONE AGENCY CEO / EXECUTIVE DIRECTOR AND THE BOARD CHAIR OR VICE CHAIR'S JUDGEMENT WAS BASED. THE DISTINCTION BETWEEN FACT AND JUDGEMENT SHOULD BE CLEARLY UNDERSTOOD. IF THE ABILITYONE AGENCY HAD INFORMATION REASONABLY AVAILABLE AT THE TIME OF CERTIFICATION SHOWING THAT THE CERTIFICATION WAS NOT BASED ON ACCURATE, COMPLETE AND CURRENT DATA, THE ABILITYONE AGENCY'S RESPONSIBILITY IS NOT LIMITED BY ANY LACK OF PERSONAL KNOWLEDGE OF THE INFORMATION ON THE PART OF THE ABILITYONE AGENCY'S CEO / EXECUTIVE DIRECTOR AND BOARD CHAIR OR VICE CHAIR SIGNING THE CERTIFICATION.

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.

* In accordance with the guidance and instructions of the Annual Representations and Certifications Form.

** Identify the fiscal year being reported.

*** Insert the day, month and year when the Annual Representations and Certifications Form is accurate, complete and current. This should be no later than the date of certification by the NPA's CEO / Executive Director and Board Chair or Vice Chair.

(SIGN) →	(mm/dd/year)	(SIGN) →	(mm/dd/year)
SIGNATURE (NPA's BOARD CHAIR OR VICE CHAIR)	DATE	SIGNATURE (NPA'S CEO / EXECUTIVE DIRECTOR)	DATE
NAME: (PRINT)		NAME: (PRINT)	
TITLE: (PRINT)		TITLE: (PRINT)	
		EMAIL: (PRINT)	