



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]
<u>Total AbilityOne Revenue</u>	\$ 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	<i>[Number]</i>	<i>[Number]</i>	<i>[Number]</i>
3.2 Number of Non-Participating Employees performing DLH	<i>[Number]</i>	<i>[Number]</i>	<i>[Number]</i>
3.3 Number of employees who self-identify as a person with a disability performing indirect labor	<i>[Number]</i>	<i>[Number]</i>	<i>[Number]</i>

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	<i>[Number]</i>	<i>[Number]</i>	<i>Auto Calculation</i>
4.2 Direct labor hours performed by Non-Participating Employees	<i>[Number]</i>	<i>[Number]</i>	<i>Auto Calculation</i>
4.3 Total direct labor hours (4.1 + 4.2)	<i>Auto Calculation</i>	<i>Auto Calculation</i>	<i>Auto Calculation</i>
4.4 Percentage of direct labor hours performed by Participating Employees	<i>Auto Calculation %</i>	<i>Auto Calculation %</i>	<i>Auto Calculation %</i>

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	<i>\$ [Number]</i>	<i>\$ [Number]</i>	<i>\$ Auto Calc</i>
5.2 Wages paid to DLH Non-Participating Employees	<i>\$ [Number]</i>	<i>\$ [Number]</i>	<i>\$ Auto Calc</i>
5.3 Lowest hourly wage paid to Participating Employees	<i>\$ [Number]</i>	<i>\$ [Number]</i>	<i>N/A</i>
5.4 Highest hourly wage paid to Participating Employees	<i>\$ [Number]</i>	<i>\$ [Number]</i>	<i>N/A</i>
5.5 Mean hourly wage paid to Participating Employees	<i>\$ Auto Calculation</i>	<i>\$ Auto Calculation</i>	<i>\$ Auto Calculation</i>

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]*

7.2 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	<i>[Number]</i>	<i>[Number]</i>	<i>[Number]</i>
1.2 Number of employees without qualifying disabilities performing DLH	<i>[Number]</i>	<i>[Number]</i>	<i>[Number]</i>

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]
 - o If Y, provide a copy. [Link to 990 file upload process]
 - o If N, provide explanation. [Open text]

2. 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]
 - o If Y, provide copy of the auditor's summary report. [Link to auditor summary report upload process]
 - o If N, provide explanation. [Open text]

3. How many members are on the NPA's Board? [Drop down for number]

4. How many NPA board members voluntarily self-identify as a person with a disability? [Drop down for number]

5. How many of your Procurement List contract sites are represented by a union/unions? [Enter number]

6. How many NPA participating employees are members of a union? [Enter number]

7. 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]