



# Nonprofit Agency Annual AbilityOne Representations and Certifications (ARC)

## Instructions for completing this form:

Nonprofit agencies (NPAs) participating in the AbilityOne Program must complete this form annually to demonstrate meeting the qualification requirements of 41 U.S.C 8501(6)(c) and/or (7)(c) and 51 C.F.R. subparts 51-4.3(a) and (b).

**Paperwork Reduction Act** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The estimated time for completing this form is 2 hours.

|  |                              |
|--|------------------------------|
| Federal Fiscal Year:                         | [Enter text]                 |
| Nonprofit Agency (NPA) 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 Sales  | [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 Sales**

| Procurement List Items                                  |                                |
|---|--------------------------------|
| 1.1 NPA Sales from AbilityOne Products                  | \$ <i>[Number]</i>             |
| 1.2 NPA Sales from AbilityOne Services                  | \$ <i>[Number]</i>             |
| 1.3 NPA Sales from Military Resale (Direct & Warehouse) | \$ <i>[Number]</i>             |
| <u>Total AbilityOne Sales</u>                           | <b>\$ Auto<br/>Calculation</b> |
| Base Supply Centers                                     |                                |
| 1.4 NPA Sales from AbilityOne products                  | \$ <i>[Number]</i>             |
| 1.5 Base Supply Centers Total Sales                     | \$ <i>[Number]</i>             |

**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 Government Disability Services *[Enter number]*
- Private Licensed Professional *[Enter number]*

**3. Employment**

| <b>ABILITYONE EMPLOYMENT</b>   | <b>On Oct. 1</b> | <b>On Sep. 30</b> | <b>Total employed during the year</b> |
|--|------------------|-------------------|---------------------------------------|
| 3.1 Number of Participating Employees  | [Number]         | [Number]          | [Number]                              |
| 3.2 Number of Non-Participating Employees (individuals without qualifying disability documentation) 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)

| <b>ABILITYONE DIRECT LABOR HOURS</b>                                      | <b>PRODUCTS</b>    | <b>SERVICES</b>    | <b>TOTAL</b>       |
|---|--------------------|--------------------|--------------------|
| 4.1 Direct labor hours performed by Participating Employee                | [Number]           | [Number]           | Auto Calculation   |
| 4.2 Direct labor hours performed by Non-Participating Employees           | [Number]           | [Number]           | Auto Calculation   |
| 4.3 Total direct labor hours performed (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)

| <b>ABILITYONE WAGES</b>                           | <b>PRODUCTS</b> | <b>SERVICES</b> | <b>TOTAL</b>        |
|---|-----------------|-----------------|---------------------|
| 5.1 Wages paid to Participating Employees         | \$ [Number]     | \$ [Number]     | \$ Auto Calculation |
| 5.2 Wages paid to DLH Non-Participating Employees | \$ [Number]     | \$ [Number]     | \$ Auto Calculation |
| 5.3 Lowest hourly wage paid to                    | \$ [Number]     | \$ [Number]     | N/A                 |

|   |                     |                     |                     |
|---|---------------------|---------------------|---------------------|
| Participating Employees                                 |                     |                     |                     |
| 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 Mobility (Labor position change utilizing different skills but not a promotion) *[Enter number]*
- Upward Mobility (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]*
- Other *[Enter description]* *[Enter number]*
- Unknown *[Enter number]*

7.2 Report Participating Employee mobility outcomes outside the NPA, if known at time of departure.

- 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 *[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 Part IV)]*

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**

| <b>1. TOTAL NPA EMPLOYMENT</b>   | <b>On Oct 1</b> | <b>On Sep 30</b> | <b>Total employed during the year</b> |
|--|-----------------|------------------|---------------------------------------|
| 1.1 Number of Qualifying Direct Labor Employees                        | [Number]        | [Number]         | [Number]                              |
| 1.2 Number of employees without qualifying disabilities performing DLH | [Number]        | [Number]         | [Number]                              |

| <b>2. NPA OVERALL DIRECT LABOR HOURS</b>  | <b>PRODUCTS</b>    | <b>SERVICES</b>    | <b>TOTAL</b>       |
|---|--------------------|--------------------|--------------------|
| 2.1 Direct labor hours performed by Qualifying Direct Labor Employees               | [Number]           | [Number]           | Auto Calculation   |
| 2.2 Direct labor hours performed by Non-Qualifying Direct Labor Employees           | [Number]           | [Number]           | Auto Calculation   |
| 2.3 Total direct labor hours performed (2.1+1.2)                                    | Auto Calculation   | Auto Calculation   | Auto Calculation   |
| 2.4 Percentage of direct labor hours performed by Qualifying Direct Labor Employees | Auto Calculation % | Auto Calculation % | Auto Calculation % |

| <b>3. VETERANS EMPLOYMENT</b>                             | <b>TOTAL</b> |
|---|--------------|
| 3.1 Total Veterans employed on a Procurement List project | [Number]     |
| 3.2 Total 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?  
*[Yes/No/NA]*  
 If Yes, provide a copy. *[Link to 990 file upload process]*  
 If No, 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.*

If NPA did receive a financial audit, provide copy of the auditor's report summary.  
*[Link to auditor summary report upload process]*

If the NPA *did not receive a financial audit, provide a statement.*  
*[Open text]*

3. How many members are on the NPA's Board at the end of the fiscal year?  
*[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 related to the employees' employment?  
[Enter number]