



## Nonprofit Agency Annual AbilityOne Representations and Certifications (ARC)

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### 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).

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**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.

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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]

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### 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]

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### 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**

<b>Procurement List Items</b>	
1.1 NPA Sales from AbilityOne Products	\$ [Number]
1.2 NPA Sales from AbilityOne Services	\$ [Number]
1.3 NPA Sales from Military Resale (Direct & Warehouse)	\$ [Number]
<u>Total AbilityOne Sales</u>	<b>\$ Auto Calculation</b>
<b>Base Supply Centers</b>	
1.4 NPA Sales from AbilityOne products	\$ [Number]
1.5 Base Supply Centers Total Sales	\$ [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 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	<i>[Number]</i>	<i>[Number]</i>	<i>[Number]</i>
3.2 Number of Non-Participating Employees (individuals without qualifying disability documentation) 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)

<b>ABILITYONE DIRECT LABOR HOURS</b>	<b>PRODUCTS</b>	<b>SERVICES</b>	<b>TOTAL</b>
4.1 Direct labor hours performed by Participating Employee	<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 performed (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)

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

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.

If No, provide explanation.

[Link to 990 file upload process]

[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]*