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]*
Total AbilityOne Revenue	$ **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	*[Number]*	*[Number]*	*[Number]*
3.2 Number of Non-Participating Employees 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)

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

ABILITYONE WAGES	PRODUCTS	SERVICES	TOTAL
5.1 Wages paid to Participating Employees	*$ [Number]*	*$ [Number]*	*$ Auto Calc*
5.2 Wages paid to DLH Non-Participating Employees	*$ [Number]*	*$ [Number]*	*$ Auto Calc*
5.3 Lowest hourly wage paid to Participating Employees	*$ [Number]*	*$ [Number]*	N/A
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 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	*[Number]*	*[Number]*	*[Number]*
1.2 Number of employees without qualifying disabilities performing DLH	*[Number]*	*[Number]*	*[Number]*

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]*