

ANNUAL CERTIFICATION – QUALIFIED NONPROFIT AGENCY SERVING PEOPLE WHO ARE BLIND		APPROVED OMB NO. 3037-0001 EXPIRES 03/31/2006	
TO: COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED			
1. NAME OF AGENCY:			
2. ADDRESS:			
3. PHONE:		4. FISCAL YEAR ENDING:	
5. WE CERTIFY THAT:			
A. Data in Items 6A and 7A are the direct labor hours paid to employees of the agency who are blind, as defined in 41 CFR 51-1.3 of the Committee regulations. Data in items 6B and 7B are the direct labor of people who do not meet the Committee's definition of blindness. Both sets of hours include vacation, holiday and paid sick leave. Any direct labor performed by temporary employees or agencies is included. (If direct labor hours were performed at addresses other than that in item 2, list all additional location(s) on a separate page.)			
B. There is a file containing adequate evidence of blindness and an annual review for competitive employability on each direct labor employee who is blind, including both JWOD and non-JWOD, verifying that the individual meets the Committee's criteria per 41 CFR 51-4.3. (If any of these files are located at an address(es) other than that in item 2, list additional location(s) on a separate page.)			
C. An ongoing placement program as required by 41 CFR 51-4.3 is operated by or for the agency.			
D. The agency is in compliance with applicable Occupational Safety and Health Act (OSHA) standards as prescribed by the Secretary of Labor. The agency has, at a minimum, a hazard safety plan. (If the agency was inspected and citations were received, attached the inspector's report.)			
E. Have there been any changes to your corporate Articles/State Statues or Bylaws/Implementing Regs. During the most recent fiscal year? Yes ____ No ____ . If yes, 1) Dates(s) of change: Articles/State Statutes _____ Bylaws/Implementing Regs. _____; and 2) Copies of changes are attached ____OR changes were submitted to the Committee on _____.			
F. The data on the reverse side reflect agency operations for the fiscal year indicated in item 4.			
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.			
SIGNATURE – OFFICER OF BOARD		SIGNATURE – AGENCY EXECUTIVE	
DATE		DATE	
(SIGN)→		(SIGN)→	
NAME: (PRINT)		NAME: (PRINT)	
TITLE: (PRINT)		TITLE: (PRINT)	
		EMAIL ADDRESS:	
NIB REVIEW			
SIGNATURE – NIB OFFICER		DATE:	
(SIGN)→			
NAME: (PRINT)			
TITLE: (PRINT)			

COMMITTEE FORM 403 (Rev 03/31/2006)

ANNUAL AGENCY OPERATIONS

ANNUAL AGENCY OPERATIONS
Fiscal Year Ending September 30, _____

6. INCLUDE IN THIS SECTION DATA FOR TOTAL AGENCY				
	HOURS	PERCENT		
A. Direct labor hours paid to people who are blind				
B. Direct labor hours paid to people who are sighted				
C. Total direct labor hours (A + B)				
	<u>Blind Only</u>	<u>Blind with Other Disability</u>	<u>Total</u>	
D. Total number of blind direct labor employees (regardless of hours worked)				
7. INCLUDE IN THIS SECTION DATA FOR WORK PERFORMED UNDER JAVITS-WAGNER-O'DAY (JWOD) ACT ONLY				
	PRODUCTS	SERVICES	TOTAL	
A. Direct labor hours paid to people who are blind				
B. Direct labor hours paid to people who are sighted				
C. Total direct labor hours (A + B)				
D. Percent of direct labor by people who are blind				
E. Number of people who are blind only working in:				
F. Number of people who are blind with other disabilities working in:				
G. Total number of blind direct labor employees working in:				
H. JWOD direct labor wages paid to people who are blind (Include Health and Welfare [cash payments only], vacation, holiday and sick leave pay)			\$	
8. INCLUDE IN THIS SECTION INFORMATION ON AGENCY AND JWOD PLACEMENT AND PROMOTION OF PEOPLE WHO ARE BLIND				
	JWOD	NON-JWOD	DIRECT PLACEMENT	TOTAL
A. Placed into competitive employment from				
B. Placed into supported employment from				
C. 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				
D. 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				
9. AGENCY AND JWOD SALES DATA				
A. Sales of procurement List Items				
1. Military Resale (MR)	MR DIRECT	MR WAREHOUSE	TOTAL	
2. Sales from JWOD Products				
3. Sales from JWOD Services				
4. Total JWOD Sales				
B. Base Supply Centers				
C. Other Federal Sales				
D. Other Sales and Subcontracting				
E. Total Agency Sales				

COMMITTEE FORM 403 (Rev 03/31/2006)

**INSTRUCTIONS FOR ANNUAL CERTIFICATION
FORM 403**

1. NAME OF AGENCY - Use the incorporated name of the agency as stated in your Articles of Incorporation.
2. ADDRESS - The address should normally be the address where the executive director/president is located.
3. PHONE - Self explanatory.
4. FISCAL YEAR ENDING - Self explanatory.
- 5A Direct labor means all work required for preparation, processing, and packaging of a commodity or work directly related to the performance of a service, but not supervision, administration, inspection or shipping. Work performed by a subcontractor as a regular part of providing the commodity or service would not be included; (However, a subcontract to provide temporary workers would be included as direct labor hours). Include hours for vacation, holiday and sick leave.
- 5B. through 5D. Self explanatory.
- 5E. If during the last twelve months the agency has revised any of the documents used by the Committee to make the verification of nonprofit status, a copy of the revised documents must be sent to the Committee. For private nonprofit agencies this would include the Articles of Incorporation and Bylaws; for State operated agencies this would include State Statutes and Implementing Regulations. Check the block to indicate whether or not changes have been made and if so, fill in the appropriate information.
- 5F. Self explanatory.
- 6A. Enter the total direct labor hours paid to people who are blind for the fiscal year, October 1 of last year through September 30 of this year.
- 6B. Enter the total direct labor hours paid to people who are sighted for the fiscal year.
- 6C. This is the sum of items 6A and 6B. It should be the total of all direct labor work performed by the agency in the fiscal year.
- 6D. Under blind only indicate the number of people who have been employed by the agency in the last fiscal year who only have blindness as a disability. Under blind with other disability indicate the number of people who are blind and have an additional physical or mental disability. The total is the sum of blind only and blind with other disability.
- 7A. Enter the direct labor hours paid to all JWOD employees who are blind for the fiscal year, October 1 of last year through September 30 of this year. Under products, list the hours for all JWOD products; under services, list the hours for all JWOD services.

- 7B. Enter the direct labor hours paid to all JWOD employees who are sighted for the fiscal year, breaking them out for JWOD products and services.
- 7C. This is the sum of items 7A and 7B. It should be the total of all JWOD direct labor work performed by the agency during the fiscal year.
- 7D. This is the percentage of direct labor hours paid to people who are blind on JWOD product and service contracts. Figure this percentage by dividing the amount in line 7A by the amount in line 7C.
- 7E. Indicate the number of people who are blind only working in products; the number of blind only working in services; and the total under the appropriate column.
- 7F. Indicate the number of people who are blind with other severe disabilities working in products; the number of people who are blind with other severe disabilities working in services; and the total under the appropriate column.
- 7G. Indicate the total of people who are blind only and blind with other severe disabilities from items 7E and 7F in the appropriate columns. The total should equal the number of people who are blind that have been employed on JWOD projects in the last fiscal year.
- 7H. Indicate the total amount of wages paid to JWOD employees who are blind. This total should include vacation, holiday, sick leave pay, and cash health and welfare payments required by the Service Contract Act.
- 8A. Indicate the number of people who are blind that have been placed into competitive employment during the last fiscal year. The number is to be broken down to indicate placement from JWOD projects, non JWOD projects, and direct placements as well as the agency total. Placement of an individual onto a JWOD 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 Committee: 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.
- 8B. Indicate the number of people who are blind that have been placed into supported employment during the last fiscal year. The number is to be broken down to indicate placement from JWOD projects and non JWOD projects and direct placements as well as the agency total. These placements would be all workers who had been placed into positions other than competitive employment. Placement of an individual onto a JWOD job does not count towards 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.

- 8C. This question seeks information on people who are blind who are working for the agency, not in supervisory or management positions, (whether a 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 wage 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.
- 8D. This question seeks information on people who are blind who are working for the agency (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 wage 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.
- 9A. JWOD sales are broken into three categories: Military Resale, Products and Services. Report only the value of those Military Resale items that were produced in the agency. 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 the sales from the previous fiscal year. Line 4 is the total JWOD sales and will equal the sum of lines 1 through 3.
- 9B. 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 JWOD sales.
- 9C. Indicate the total of any Federal sales not recorded as JWOD sales or Base Supply Center sales.
- 9D. Indicate the total of all other agency sales and subcontracting work.
- 9E. Total agency sales is the sum of 9A, 9B and 9C.

Paperwork Burden Statement:

The information collected by this form is mandatory and required in order for the nonprofit agency to obtain or retain the benefits of participation in the JWOD Program (41 U.S.C. 46-48c, 41 CFR 51); this information is used to ensure that nonprofit agencies participating in the JWOD Program are meeting the Program's requirements; comments may be submitted to Janet Yandik, Committee For Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, VA 22202-3259; the estimated burden per respondent is three hours and the cost of sending the form to NIB; the OMB approval number is 3037-0001; the expiration date is 03/31/2006.

ANNUAL CERTIFICATION – QUALIFIED NONPROFIT AGENCY SERVING PEOPLE WHO ARE SEVERELY DISABLED		APPROVED OMB NO. 3037-0002 EXPIRES 03/31/2006	
TO: COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED			
1. NAME OF AGENCY:			
2. ADDRESS:			
3. PHONE:		4. FISCAL YEAR ENDING:	
5. WE CERTIFY THAT:			
A. Data in Items 6A and 7A are the direct labor hours paid to employees of the agency who are blind or have other severe disabilities as defined in 41 CFR 51-1.3 of the Committee regulations. Data in items 6B and 7B are the direct labor of people who do not meet the Committee's definition of blind or otherwise severely disabled. Both sets of hours include vacation, holiday and paid sick leave. Any direct labor performed by temporary employees or agencies is included. (If direct labor hours were performed at addresses other than that in item 2, list all additional location(s) on a separate page.)			
B. There is a file containing adequate evidence of disability and an annual review for competitive employability on each direct labor employee who is blind or has other severe disabilities, including both JWOD and non-JWOD, verifying that the individual meets the Committee's criteria per 41 CFR 51-4.3. (If any of these files are located at an address(es) other than that in item 2, list additional location(s) on a separate page.)			
C. An ongoing placement program as required by 41 CFR 51-4.3 is operated by or for the agency.			
D. The agency is in compliance with applicable Occupational Safety and Health Act (OSHA) standards as prescribed by the Secretary of Labor. The agency has, at a minimum, a hazard safety plan. (If the agency was inspected and citations were received, attached the inspector's report.)			
E. Have there been any changes to your corporate Articles/State Statutes or Bylaws/Implementing Regs. During the most recent fiscal year? Yes ___ No ___. If yes, 1) Dates(s) of change: Articles/State Statutes _____ Bylaws/Implementing Regs. _____; and 2) Copies of changes are attached ___ OR changes were submitted to the Committee on _____.			
F. The data on the reverse side reflect agency operations for the fiscal year indicated in item 4.			
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.			
SIGNATURE – OFFICER OF BOARD		SIGNATURE – AGENCY EXECUTIVE	
(SIGN)→		(SIGN)→	
NAME: (PRINT)		NAME: (PRINT)	
TITLE: (PRINT)		TITLE: (PRINT)	
		EMAIL ADDRESS:	
NISH REVIEW			
SIGNATURE – NISH OFFICER		DATE:	
(SIGN)→			
NAME: (PRINT)			
TITLE: (PRINT)			

COMMITTEE FORM 404 (Rev 03/31/2006)

ANNUAL AGENCY OPERATIONS
Fiscal Year Ending September 30, _____

6. INCLUDE IN THIS SECTION DATA FOR TOTAL AGENCY				
	HOURS	PERCENT		
A. Direct labor hours paid to people with severe disabilities				
B. Direct labor hours paid to people without severe disabilities				
C. Total direct labor hours (A + B)				
	Blind	Total		
D. Total number of severely disabled direct labor employees (regardless of hours worked)				
7. INCLUDE IN THIS SECTION DATA FOR WORK PERFORMED UNDER JAVITS-WAGNER-O'DAY (JWOD) ACT ONLY				
	PRODUCTS	SERVICES		
A. Direct labor hours paid to people with severe disabilities				
B. Direct labor hours paid to people without severe disabilities				
C. Total direct labor hours (A + B)				
D. Percent of direct labor by people with severe disabilities				
E. Number of people who are blind working in:				
F. Total number of people with severe disabilities: (regardless of hours worked and including those in 7E)				
G. JWOD direct labor wages paid to people with severe disabilities (Include Health and Welfare [cash payments only], vacation, holiday and sick leave pay)			\$	
8. INCLUDE IN THIS SECTION INFORMATION ON AGENCY AND JWOD PLACEMENT AND PROMOTION OF PEOPLE WITH SEVERE DISABILITIES				
	JWOD	NON-JWOD	DIRECT PLACEMENT	TOTAL
A. Placed into competitive employment from				
B. Placed into supported employment from				
C. 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				
D. 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				
9. AGENCY AND JWOD SALES DATA				
A. Sales of procurement List Items				
1. Military Resale (Direct)				
2. Sales from JWOD Products				
3. Sales from JWOD Services				
4. Total JWOD Sales				
B. Base Supply Centers				
C. Other Federal Sales				
D. Other Sales and Subcontracting				
E. Total Agency Sales				

COMMITTEE FORM 404 (Rev 03/31/2006)

**INSTRUCTIONS FOR ANNUAL CERTIFICATION
FORM 404**

1. NAME OF AGENCY - Use the incorporated name of the agency as stated in your Articles of Incorporation.
2. ADDRESS - The address should normally be the address where the executive director/president is located.
3. PHONE - Self explanatory.
4. FISCAL YEAR ENDING - Self explanatory.
- 5A Direct labor means all work required for preparation, processing, and packaging of a commodity or work directly related to the performance of a service, but not supervision, administration, inspection or shipping. Work performed by a subcontractor as a regular part of providing the commodity or service would not be included; (However, a subcontract to provide temporary workers would be included as direct labor hours). Include hours for vacation, holiday and sick leave.
- 5B. through 5D. Self explanatory.
- 5E. If during the last twelve months the agency has revised any of the documents used by the Committee to make the verification of nonprofit status, a copy of the revised documents must be sent to the Committee. For private nonprofit agencies this would include the Articles of Incorporation and Bylaws; for State operated agencies this would include State Statutes and Implementing Regulations. Check the block to indicate whether or not changes have been made and if so, fill in the appropriate information.
- 5F. Self explanatory.
 - 6A. Enter the total direct labor hours paid to people with severe disabilities for the fiscal year, October 1 of last year through September 30 of this year.
 - 6B. Enter the total direct labor hours paid to people without severe disabilities for the fiscal year.
 - 6C. This is the sum of items 6A and 6B. It should be the total of all direct labor work performed by the agency in the fiscal year.
 - 6D. Under blind indicate the number of people who have been employed by the agency in the last fiscal year who have blindness as a disability. Under total indicate the number of people, including those who are blind, who have been employed by the agency in the last fiscal year.

- 7A. Enter the direct labor hours paid to all JWOD employees who with severe disabilities for the fiscal year, October 1 of last year through September 30 of this year. Under products, list the hours for all JWOD products; under services, list the hours for all JWOD services.
- 7B Enter the direct labor hours paid to all JWOD employees who are sighted for the fiscal year, breaking them out for JWOD products and services.
- 7C. This is the sum of items 7A and 7B. It should be the total of all JWOD direct labor work performed by the agency during the fiscal year.
- 7D. This is the percentage of direct labor hours paid to people with severe disabilities on JWOD product and service contracts. Figure this percentage by dividing the amount in line 7A by the amount in line 7C.
- 7E. Indicate the number of people who have blindness as a disability that have worked on JWOD products during the last year; the number of people who have blindness as a disability that have worked on JWOD services; and the total under the appropriate columns.
- 7F. Indicate the total number of people, including those who are blind, that have worked on JWOD Products during the last year; Indicate the total number of people, including those who are blind, that have worked on JWOD Services during the last year; and the total under the appropriate columns
- 7G. Indicate the total amount of wages paid to JWOD employees with severe disabilities. This total should include vacation, holiday, sick leave pay, and cash health and welfare payments required by the Service Contract Act.
- 8A. Indicate the number of people with severe disabilities that have been placed into competitive employment during the last fiscal year. The number is to be broken down to indicate placement from JWOD projects, non JWOD projects, and direct placements as well as the agency total. Placement of an individual onto a JWOD 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 Committee: 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.
- 8B. Indicate the number of people with severe disabilities that have been placed into supported employment during the last fiscal year. The number is to be broken down to indicate placement from JWOD projects and non JWOD projects and direct placements as well as the agency total. These placements would be all workers who had been placed into positions other than competitive employment. Placement of an individual onto a JWOD job does not count towards 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.

- 8C. This question seeks information on people with severe disabilities who are working for the agency, not in supervisory or management positions, (whether a 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 wage 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.
- 8D. This question seeks information on people with severe disabilities are who are working for the agency (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 wage 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.
- 9A. JWOD sales are broken into three categories: Military Resale, Products and Services. Report only the value of those Military Resale items that were produced in the agency. 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 the sales from the previous fiscal year. Line 4 is the total JWOD sales and will equal the sum of lines 1 through 3.
- 9B. 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 JWOD sales.
- 9C. Indicate the total of any Federal sales not recorded as JWOD sales or Base Supply Center sales.
- 9D. Indicate the total of all other agency sales and subcontracting work.
- 9E. Total agency sales is the sum of 9A, 9B and 9C.

Paperwork Burden Statement:

The information collected by this form is mandatory and required in order for the nonprofit agency to obtain or retain the benefits of participation in the JWOD Program (41 U.S.C. 46-48c, 41 CFR 51); this information is used to ensure that nonprofit agencies participating in the JWOD Program are meeting the Program's requirements; comments may be submitted to Janet Yandik, Committee For Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, VA 22202-3259; the estimated burden per respondent is three hours and the cost of sending the form to NIB; the OMB approval number is 3037-0002; the expiration date is 03/31/2006.