



**Certified Ability Indiana Organization
Capability Inventory**

Please provide the following information from your organization's last complete fiscal year for ALL work performed, including work performed through the Ability Indiana Program.

GENERAL INFORMATION

Name of Your Corporation: _____

d/b/a (doing business as): _____

Address (main office): _____

Telephone: _____ Fax: _____

Chief Executive Officer/President/Director: _____

Designated Ability Indiana Contacts:

Monthly Reporting (name and e-mail): _____

Non-reporting (name and e-mail): _____

Multiple Locations: Yes _____ No _____ If yes, please list below:

Total Facility Size (All Locations): _____ sq. ft.

Production Area: _____ sq. ft.

Warehouse Area: _____ sq. ft.

Delivery Capability: Yes _____ No _____

Loading Dock: Yes _____ No _____

Total Number of Staff (All Locations): _____

Number of Production Staff: _____

Number of Sales/Marketing Staff: _____

CARF/Other Accreditations: _____

EMPLOYMENT INFORMATION:

Total number of people with disabilities in work programs: _____

Total number of workers your work programs could accommodate: _____

Do you currently operate under a 14c License? Yes: _____ No: _____

If you have a 14c License, do you use your license within the State Use Program?

Yes: _____ No: _____ N/A: _____

Do you have a waiting list for your work programs? Yes: _____ How many? _____ No _____

Average annual earnings per person with disability: _____

Over the past two years, did average earnings per person with disability in your work programs:

Increase: _____ By what percentage? _____%

Decrease: _____ By what percentage? _____%

Remain the Same: _____

In order of frequency (with "A" being the most frequent), please list the three principal types of work performed by your work force during the past year.

a) _____

b) _____

c) _____

How many competitive placements did you make during the last three years? (Include supported employment; exclude non-disabled in JTPA, etc.) _____

Please list major local employers in your area and identify by industry type.

a) _____

b) _____

c) _____

What Companies do you partner with to employ individuals?

a) _____

b) _____

c) _____

Do you report Ability Indiana Jobs as a Vocational Rehabilitation Placement?

Yes: _____ No: _____

MANUFACTURING / SERVICES CAPABILITIES *Indicate which products/services you currently provide.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Assembling--Electrical | <input type="checkbox"/> Machining--Metal Stamp. | <input type="checkbox"/> Repair & Refurb.--Degreasing |
| <input type="checkbox"/> Assembling--Mechanical | <input type="checkbox"/> Machining--Punch Pressing | <input type="checkbox"/> Repair & Refurb.--Die Cleaning |
| <input type="checkbox"/> Auto--Collating | <input type="checkbox"/> Machining--Reaming | <input type="checkbox"/> Repair&Refurb.--Dust Respirat |
| <input type="checkbox"/> Binding--GBC | <input type="checkbox"/> Machining--Riveting | <input type="checkbox"/> Repair & Refurb.--Grit Blasting |
| <input type="checkbox"/> Binding--Perfect | <input type="checkbox"/> Machining--Swaging | <input type="checkbox"/> Refurb.--Hydraulic Jack |
| <input type="checkbox"/> Binding--Saddle Stitching | <input type="checkbox"/> Machining--Tool Sharpening | <input type="checkbox"/> Repair & Refurb.--Telephone |
| <input type="checkbox"/> Car Washing | <input type="checkbox"/> Machining--Vibra Peening | <input type="checkbox"/> Repair & Refurb.--Wire Spl. |
| <input type="checkbox"/> Clerical Service | <input type="checkbox"/> Mailing--Addressing | <input type="checkbox"/> Rust Proofing |
| <input type="checkbox"/> Collating (Hand) | <input type="checkbox"/> Mailing--Address graphing | <input type="checkbox"/> Salvaging--Cable Stripping |
| <input type="checkbox"/> Document Destruction | <input type="checkbox"/> Mailing--Auto | <input type="checkbox"/> Salvaging--Disassembly |
| <input type="checkbox"/> Document Scanning/Archiving | <input type="checkbox"/> Manufacturing--Boxes | <input type="checkbox"/> Sewing--Industrial |
| <input type="checkbox"/> Elect. Assembly-Wire Harn. | <input type="checkbox"/> Manufacturing--Medical Devices | <input type="checkbox"/> Shelf Stocking |
| <input type="checkbox"/> Elect. Assembly-Other | <input type="checkbox"/> Manufacture--Plastic ware | <input type="checkbox"/> Silicone Dipping |
| <input type="checkbox"/> Engraving | <input type="checkbox"/> Manufacture--Textiles | <input type="checkbox"/> Splitting |
| <input type="checkbox"/> Filling | <input type="checkbox"/> Microfilming/Microfishing | <input type="checkbox"/> Soldering--Electrical |
| <input type="checkbox"/> Folding (Hand) | <input type="checkbox"/> Packaging--Auto Bagging | <input type="checkbox"/> Soldering--Hand Precision |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Packaging--Blister Packing | <input type="checkbox"/> Soldering--Pot |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Packaging--Boxing | <input type="checkbox"/> Soldering--Wave |
| <input type="checkbox"/> Furniture Assembly | <input type="checkbox"/> Packaging--Crating | <input type="checkbox"/> Sorting |
| <input type="checkbox"/> Gluing | <input type="checkbox"/> Packaging--General | <input type="checkbox"/> Stapling |
| <input type="checkbox"/> Greenhouse Products | <input type="checkbox"/> Packaging--Heat Sealing | <input type="checkbox"/> Tapping |
| <input type="checkbox"/> Grounds keeping | <input type="checkbox"/> Packaging--L-Sealing | <input type="checkbox"/> Textiles--Mtrl. Bailing |
| <input type="checkbox"/> Inspect/Test--Calibrating | <input type="checkbox"/> Packaging--Medical (nonsterile) | <input type="checkbox"/> Textiles--Nonwoven |
| <input type="checkbox"/> Inspect/Test--Gauging | <input type="checkbox"/> Packaging--Medical (sterile) | <input type="checkbox"/> Textiles--Power Cutting |
| <input type="checkbox"/> Inspect/Test--General | <input type="checkbox"/> Packaging--Shrink Wrap | <input type="checkbox"/> Textiles--Rag Cutting |
| <input type="checkbox"/> Inspect/Test--Vacuum | <input type="checkbox"/> Packaging--Vacuum Form. | <input type="checkbox"/> Warehousing/Logistics |
| <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Painting--Dip | <input type="checkbox"/> Weigh Counting |
| <input type="checkbox"/> Labeling | <input type="checkbox"/> Painting--Electrostatic Spray | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Label-Making | <input type="checkbox"/> Painting--General | <input type="checkbox"/> Woodworking--Chamferin |
| <input type="checkbox"/> Laser Disk Storage | <input type="checkbox"/> Painting--Spray | <input type="checkbox"/> Woodworking--Custom |
| <input type="checkbox"/> Laundry Services | <input type="checkbox"/> Pallets--Manufacturing | <input type="checkbox"/> Woodworking--General I |
| <input type="checkbox"/> Machining--Buffing | <input type="checkbox"/> Pallets--Repair | <input type="checkbox"/> Woodworking--Gluing |
| <input type="checkbox"/> Machining--Conduit Cut. | <input type="checkbox"/> Printing--Digital | <input type="checkbox"/> Woodworking--Lacquering |
| <input type="checkbox"/> Machining--Cop. Tube | <input type="checkbox"/> Printing--Offset | <input type="checkbox"/> Woodworking--Lathing |
| <input type="checkbox"/> Machining--Crimping | <input type="checkbox"/> Recycling--Aluminum | <input type="checkbox"/> Woodworking--Refinishing |
| <input type="checkbox"/> Machining--Deburring | <input type="checkbox"/> Recycling--Electronic | <input type="checkbox"/> Woodworking--Routing |
| <input type="checkbox"/> Machining--Drilling | <input type="checkbox"/> Recycling--Glass | <input type="checkbox"/> Woodworking--Sanding |
| <input type="checkbox"/> Machining--Drill Tapping | <input type="checkbox"/> Recycling--Paper | <input type="checkbox"/> Woodworking--Sawing |
| <input type="checkbox"/> Machining--Filling (Metal) | <input type="checkbox"/> Recycling--Plastic | <input type="checkbox"/> Woodworking--Stripping |
| <input type="checkbox"/> Machining--Grinding | <input type="checkbox"/> Recycling--Other | <input type="checkbox"/> Word Processing/Data Entry |

Other: _____

Please list any quality management systems or registrations you might have (e.g. ISO9000:2008, ISO13485, CE, UL, FDA, etc.):

Of the capabilities you checked on the preceding schedule, please list (in order of importance) your top three revenue-producing activities during the past year and indicate approximately the amount of revenue generated by each.

<i>Activity</i>	<i>Revenue</i>
a) _____	_____
b) _____	_____
c) _____	_____

Do you own and produce any products which you would like to sell in general or with the Program?

- a) _____
- b) _____
- c) _____

Have you considered expanding your business into new products/services?

If so what?

If not why not?

For consideration to become a Certified Ability Indiana Organization, mail a copy of the completed Annual Certification form along with the Capability Inventory form to the following:
 Ability Indiana, c/o Asher Weaver
 615 N. Alabama St., Ste. 410
 Indianapolis, IN 46204

Revised 12.16.2019