



COMPLETE AND RETURN TO APPROPRIATE AEROJET FACILITY ATTENTION: PROCUREMENT	
Camden - Aerojet, Arkansas Operations, PO Box 1036, Camden, AR 71711-1036 FAX: (870) 574-3453	Gainesville - Aerojet, 5731 Wellington Road, Gainesville VA. 20155-1612 FAX: (703) 754-5781
Redmond - Aerojet, PO Box 97009, Redmond, WA 98073-9709 FAX: (425) 882-5753	Sacramento - Aerojet, Bldg 20001/MS 1004, PO Box 13222, Sacramento CA 95813-6000 FAX: (916) 355-3926

**CERTIFICATION AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN
FEDERAL TRANSACTIONS (FAR 52.203-11, SEP 2007)**
(Applies to Quotations Exceeding \$100,000 Submitted for Commercial and Noncommercial
Items/Processes)

- (a) Prohibition. The definitions, prohibitions and exceptions contained in FAR clause 52.203-12, entitled "Limitation on Payments to Influence Certain Federal Transactions", included in this are hereby incorporated by reference in this provision.
- (b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on its behalf in connection with the awarding of this contract or the extension, continuation, renewal, amendment, or modification of this contract.
- (c) The offeror will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of \$100,000 shall certify and disclose accordingly.
- (d) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than \$10,000, for each such failure.

I hereby certify that the above information is true, correct and complete.

Company Name		
Typed/Printed Name of Authorized Representative	Authorized Representative Title	
Authorized Representative Signature	Date	Proposal #