***This Outreach form is to be completed by suppliers interested in doing business with Aerojet Rocketdyne Inc. (AR), (collectively referred to herein as “Company”) for the purpose of presenting capabilities for consideration. Information provided on this form is subject to verification. It provides for required information to evaluate if there may be a match and does not constitute acceptance as an approved supplier.***

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| **INSTRUCTIONS: (CLICK TO ENTER “X” IN BOXES)**   * Please fill in all sections identified with yellow section heading labels; do not complete sections identified for internal use. * **Supplier Name/Address:** Enter address where Company may send RFQ’S. If you have multiple locations with a single common remittance account, use the address where we send correspondence. | | | | | |
| **Aerojet Rocketdyne requires AS9100 certification, ITAR registration, and NIST 800-171 compliance. If you meet these requirements, please complete this form and email with your presentation, copy of certifications, equipment list or other materials you would like considered to the category manager for your commodity as shown in our website:**  [**https://www.rocket.com/suppliernet/business-ar/supplier-diversity**](https://www.rocket.com/suppliernet/business-ar/supplier-diversity) **and copy:** [**sbp.diversity@rocket.com**](mailto:sbp.diversity@rocket.com) | | | | | |
| SECTION 1. SUPPLIER PROFILE | | | | | |
| **Supplier Legal Name:** |  | | **Parent Co. Legal Name** (if any): |  | |
| Secondary/Trade Name/DBA: |  | | Secondary/Trade Name/DBA: |  | |
| CAGE/NCAGE No.: |  | | Parent Co. CAGE/NCAGE No.: |  | |
| **Street Address** (Line 1): |  | | **Street Address** (Line 1) - if different from Address at left: |  | |
| City & State Code (or Foreign Province, if any): | , | | City & State Code (or Foreign Province, if any): | , | |
| Contact Name & Title: | / | | Contact Email: |  | |
| Contact Phone (with area code): |  | | Company isincorporated /organized to do business in the U.S.A.  Incorporated in | | |
| Email Address (for official correspondence): |  | | Company is not incorporated/organized to do business in U.S.A. | | |  |
| Year Business established: |  | | OEM  Distributor  Custom build to print | | |
| Website URL: |  | | How long in this facility? | |  |
| How Many Employees: | |  | Does your site have a Security Clearance? | | Yes  No |
| Do you have an MDA Letter of Approval? | | Yes  No |
| Certifications: (AS9100D, ISO9001, NADCAP, etc.): | | ,     , | Are you DDTC (ITAR) Registered? | | Yes  No |
| Are you NIST SP 800-171 Cybersecurity Compliant?  Is Cyber assessment result posted in SPRS: | | Yes  No  Yes  No  SPRS Score : |

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| Where did you hear about us?  Name of Conference/Event |  | | Referred by: |  |
| **SECTION 2. BUSINESS SIZE/SOCIOECONOMIC INFORMATION – Select all that apply. MUST SELECT ONE OR MORE** | | | | |
| **Foreign-owned business** | | **Government Agency**  **LARGE BUSINESS** | | |
| ***SMALL BUSINESS*. *If this response is selected, please identify any additional designation(s) from the choices in this section:*** | | HUBZone: Must be ***CERTIFIED*** by the SBA ([www.sba.gov](http://www.sba.gov))  and listed in System for Award Management (SAM) at [www.sam.gov](http://www.sam.gov). | | |
| Small Disadvantaged Business. Self-Certified | | Historically Black College or University/Minority Institution | | |
| Service Disabled Veteran-Owned Business | | Alaskan Native Corporation (ANC) / Indian owned /Tribe. *If 8(a) ANC, check SDB box too.* | | |
| Veteran-Owned Small Business | | Non-Profit *per IRS Code Sect. 501C* | | |
| Women-Owned Small Business | | EDWOSB Economically Disadvantaged Woman Owned Small Business | | |
| Definitions of business sizes are found at: [www.sba.gov](http://www.sba.gov). Navigate to Contracting/Getting Started Contractor/Make Sure you Meet SBA Size Standards. Misrepresentation of business size is a federal crime governed by 15 USC 645(d), and is punishable by (i)imposition of fine, imprisonment, or both; (ii) imposition of administrative remedies, including suspension and debarment; and (iii) determination of ineligibility for participation in programs conducted under the Act. | | | | |

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| ***NAICS CODES:*** List all North American Industry Classification System (NAICS) codes desired to be sold to Company; see (<https://www.census.gov/naics/?input=machine+shop&year=2017&details=332710>  For each NAICS code listed, list corresponding size (small or large) **and size standards** ***established by SBA*** in either millions of US dollars OR number of employees. <https://www.sba.gov/size-standards> (Do not enter the number of employees in this section – this is the SBA size standard). |

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| ***NAICS*** | ***SIZE (LG/SM)*** | ***SBA SIZE STD. ($Mil or # Employees)*** | ***NAICS*** | ***SIZE (LG/SM)*** | ***SIZE STD. ($Mil or # Employees)*** |

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| **Primary** | | |  | |  | | | | | | |  | | | | | |  | | | | |  |
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| **SECTION 3. PRIMARY PRODUCTS OR SERVICE** | | | | | | | | | | | | | | | | | | | | | | | |
| Product or Service Offered  (Primary first) | | | ,      ,      , | | | | | | | | | | | | | | | | | | | | |
| Industries you serve | | |  | | | | | | | | | | | | | | | | | | | | |
| What is your specialty | | |  | | | | | | | | | | | | | | | | | | | | |
| Unique Capability | | |  | | | | | | Forming Capabilities  (Deep draw, hydroform, spinning) | | | | | | | | |  | | | | | |
| Material experience (List primary first) | | |  | | | | | | Non-Standard Material experience  (Exotics, Ceramic, Boron, etc. | | | | | | | | |  | | | | | |
| Smallest part capability (dims i.e. 1’ x 1’) | | |  | | | | | | Largest part capability  (i.e. 3’ x 3’) | | | | | | | | |  | | | | | |
| Standard Tolerance for your business? | | |  | | | | | | Tightest tolerance (typical)? | | | | | | | | |  | | | | | |
| Test Capabilities (strength, pressure, x-ray, environmental etc..) | | |  | | | | | | Typical quantity orders | | | | | | | | |  | | | | | |
| Do you run quantity 1-2 development orders? | | | | | | | | | Yes  No | | | | | |
| Services you typically outsource | | |  | | | | | Clean Room? | | | | | | | | |  | | | | | | |
| **SECTION 4. GENERAL** | | | | | | | | | | | | | | | | | | | | | | | |
| Have you done business with Aerojet Rocketdyne before? | | | | | | | | | |  | | | | | | | | Year/location | | |  | | |
| What system does your company use to track contracts/ Supplier priority | | | | | | | | | |  | | | | | | | | | | | | | |
| Name of your top three customers | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | | |  | | | | | | | | | | | | | | | | | | | | |
| 02 | | |  | | | | | | | | | | | | | | | | | | | | |
| 03 | | |  | | | | | | | | | | | | | | | | | | | | |
| Percentage of Space, DOD, Medical, Commercial etc… business | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | | |  | | | | | | | | | | | | Percent of Business | | | | | | |  | |
| 02 | | |  | | | | | | | | | | | | Percent of Business | | | | | | |  | |
| 03 | | |  | | | | | | | | | | | | Percent of Business | | | | | | |  | |
| **SECTION 5. SUPPLIER SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | |
| **Thank you for your interest in doing business with Aerojet Rocketdyne. If not already done so, your company information will be forwarded to the appropriate Category Manager for review when an opportunity becomes available. You may email this form directly to the Category Manager with presentation through our website:** [**https://www.rocket.com/suppliernet/business-ar/supplier-diversity**](https://www.rocket.com/suppliernet/business-ar/supplier-diversity) **and copy** [**www.sbp.diversity@rocket.com**](http://www.sbp.diversity@rocket.com)  **Please include presentation materials, capabilities, copies of certifications, equipment list, parts/facility pictures or other items you would like considered with the completed form.**  **Your information will be retained in our Outreach database for use by Aerojet Rocketdyne procurement team members when looking for an alternate source of supply.** | | | | | | | | | | | | | | | | | | | | | | |
| Name of Business Development /Sales Contact | | |  | | | | | | | | | |  | | | | | | | | | |
| **Title** | | | | | | | | | |
| **FOR INTERNAL AEROJET ROCKETDYNE USE ONLY — TO BE COMPLETED BY COMPANY REQUESTER** | | | | | | | | | | | | | | | | | | | | | | |
| Program/Site SB support: | | | RFQ Only  Purchase Order  Pay Only (Check Request) | | | | | | | | | | | | | | | | | | | |
| What Small Business category does this support and/or supplier gap fill. | | | Small  Yes  No Veteran Owned  Yes  No  Disadvantaged  Yes  No Service Disabled Veteran  Yes  No  Woman Owned  Yes  No HUBZone Business  Yes  No  HBCU/MI  Yes  No  Note: | | | | | | | | | | | | | | | | | | | |
| - Is this a SB Category identified as having a deficiency for NAICS type | | | No  Yes  Not sure | | | | | | | | | | | | | | | | | | | |
| Requested By (Internal Company Employee Name): | | |  | | | Email: | | | |  | | | | | Phone: | | |  | | | | |
| AR Interest in | | |  | | | | | | | | | | | | | | | | | | | |
| **Category Management Review** | | | | | | | | | | | | | | | | | | | | | | |
| Action | Yes  No | | ABC Requested | | Yes  No | | | | | | | Maestro & Non-Disclosure Agreement requested | | | | | | | Yes  No | | | |
| Notes |  | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | | | | | | | | | | | | | | |