

The following additional language will be included along with the standard Section L language for those solicitations utilizing the Dun & Bradstreet/Open Ratings Report in concert with the Past Performance Questionnaires.

Use of Dun & Bradstreet/Open Ratings

If you are identifying commercial contracts on which you are aware that there will be difficulty obtaining performance information (including critical subcontractor's and/or teaming partners), notify the government upon submission of your past performance volume. On these efforts, Dun & Bradstreet/Open Ratings will be used to collect the information that will be utilized in evaluating an offeror's past performance.

Offerors must:

- a) Complete the Past Performance Evaluation order form (see Section L, *Attachment ??*) **not later than 15 calendar days after release of the RFP**. Prime, all critical subcontractors, and/or teaming partners are reminded that they are responsible for payment of **\$225.00** to Open Ratings for their report. A separate form is required for the prime, each critical subcontractor, and/or each teaming partner.
- b) Include one copy of each completed Past Performance Evaluation order form, *Attachment ??*, for the prime, each critical subcontractor, and/or each teaming partner in your proposal Past Performance Volume, clearly showing the date of submission to D&B/Open Ratings and proof of payment. This will not be included in the Past Performance Volume page count.
- c) The list of contracts that you submit in your past performance volume must include those contracts submitted to D&B/Open Ratings for the prime, each critical subcontractor, and/or each teaming partner. If possible, provide at least ___ (*number of contracts*) active or completed contracts (with preferably at least one year of performance history) that you consider relevant to this effort. Be sure to include references to Open Ratings on these contracts. **NOTE: Open Ratings requires the identification of at least six (6) references in order for a report to be initiated. Four (4) completed surveys from the identified references are needed to create a report, so offerors shall exert their best efforts to include references that have knowledge of the performance on the relevant contracts/efforts provided. In your Past Performance Volume, include completed FACTS Sheets (*attachment ???*) for those contracts identified to D&B/Open Ratings, so that the government may determine the relevancy of these efforts.**

If an offeror's firm or organization has no relevant corporate experience, then the offeror is not required to submit information to D&B/Open Ratings. D&B/Open Ratings will not evaluate past performance on individuals (key personnel). In those cases, the information in *Attachment ?* shall be submitted only to the U. S. Air Force to allow the U. S. Air Force to conduct a meaningful Past Performance Evaluation.

Attachment ? : Past Performance Evaluation Report for Dun & Bradstreet/Open Ratings

PAST PERFORMANCE EVALUATION

**TO ORDER, COMPLETE THE ATTACHED FORMS
AND MAIL, FAX OR E-MAIL THEM TO:**

OPEN RATINGS, INC.
600 FIRST AVENUE NORTH, #200
ST. PETERSBURG, FL 33701
FAX NUMBER: 727-867-4129
E-FAX: 866-743-4239
E-MAIL: reports@openratings.com

SECTION ONE: ABOUT YOUR COMPANY

PLEASE PREPARE AND DISTRIBUTE A PAST PERFORMANCE EVALUATION ON MY COMPANY, AS LISTED
BELOW:

(YOUR COMPANY NAME)

(DUNS NUMBER)

(YOUR COMPANY STREET ADDRESS)

(CITY, STATE, ZIP)

(YOUR COMPANY PHONE NUMBER)

(YOUR COMPANY FAX NUMBER)

(YOUR PERSONAL/CONTACT NAME)

(YOUR TITLE)

(YOUR E-MAIL ADDRESS)

If you don't know your company's DUNS number, go to: <http://dnb.com/dnbhome.htm>

SECTION TWO:

THE RECIPIENT OF THE INFORMATION

PROVIDE ONE COPY OF THE PAST PERFORMANCE EVALUATION REPORT ON MY COMPANY TO THE FOLLOWING:

_WR-ALC- _____
 (AGENCY NAME)

 (AGENCY STREET ADDRESS)

 (CITY, STATE, ZIP)

 (AGENCY PHONE NUMBER)

 (AGENCY FAX NUMBER)

 (CONTACT NAME/ATTENTION)

 (E-MAIL ADDRESS)

SECTION THREE:

PAYMENT INFORMATION

BILL TO MY CREDIT CARD:

AMERICAN EXPRESS VISA MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: _____

NAME ON CARD: _____

ENCLOSED IS MY COMPANY CHECK MADE PAYABLE TO:

**Please include a copy of the check if faxing or emailing application form*

OPEN RATINGS INC.
600 FIRST AVENUE North, #200
ST. PETERSBURG, FL 33701

I AGREE TO PAY \$225 FOR THE PREPARATION/DISTRIBUTION OF MY PAST PERFORMANCE EVALUATION, COPIES OF WHICH WILL BE PROVIDED BOTH TO MY COMPANY AND THE AGENCY IDENTIFIED IN SECTION TWO ABOVE. I ALSO AGREE TO PAY \$25 FOR EACH ADDITIONAL COPY THAT I MIGHT ORDER AT A LATER DATE.

This report will be provided under contract solely for use by the customer and may not be reproduced in whole or part in any manner whatsoever.

QUESTIONS? CALL 727-329-1184

CUSTOMER REFERENCES ARE PERSON(S) WHO HAVE PURCHASED PRODUCT OR SERVICES FROM YOUR COMPANY. We must have customer, not vendor, references.

PAST PERFORMANCE EVALUATION REPORT

PLEASE PROVIDE A MINIMUM OF **6**, BUT NO MORE THAN **20** OF YOUR CUSTOMERS TO BE SURVEYED

**E-mail addresses of all customers are mandatory, since the performance survey is distributed initially via e-mail.*

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE*: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE*: _____ FAX: _____

*E-MAIL: _ (*Mandatory for the distribution of the performance survey*)_____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (*Mandatory for the distribution of the performance survey*)_____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (*Mandatory for the distribution of the performance survey*)_____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE*: _____ FAX: _____

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PHONE: _____ FAX: _____

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DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE*: _____ FAX: _____

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CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE*: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____

CUSTOMER NAME: _____

DUNS NUMBER (If known): _____

CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

*E-MAIL: _ (Mandatory for the distribution of the performance survey) _____

CONTRACT NO.: _____
