

Factor C - Experience – Comparable Contract Form #2

2027-0017R Drug Testing and Alcohol Screening

Contract ID and Name: _____

Client Name: _____

Contract Administrator: _____

Address: _____

Phone Number: _____

Email Address: _____

Performance Period: From: _____ to _____ (within the past 5 years)
MM/DD/YYYY MM/DD/YYYY

Contract Details: Refer to Factor B for elements comparable in scope. **Enter all appropriate details that will make this contract comparable in scope. No details or lack of details will be reflected in the score given to this factor.**

Bidder's Name: _____