GREEN COUNTRY WORKFORCE

GREEN COUNTRY WORKFORCE DEVELOPMENT BOARD

Non-Competitive Purchase Form

Participant Name: _____ PID: _____

County: _____ Program: _____

Competitive Quote:

Item to be purchased (description):

(Minimum of three quotes)

Vendor: Cost:

Vendor: Cost:

Vendor: Cost:

Vendor Selected: **Cost:**

Sole Source:

After attempting to do Competitive Quotes, only one source was available for the needed item (ex: utilities, car tags, rural area with limited-service providers)

Rationale:

Print Service Provider Name | Service Provider Signature | Date

Print Participant Name | Participant Signature | Date