



## Green Country Workforce Development Board Non-Competitive Purchase Form

Participant Name: \_\_\_\_\_

PID: \_\_\_\_\_

County: \_\_\_\_\_

Program: \_\_\_\_\_

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**Competitive Quote:**

Item to be purchased (description):

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(Minimum of three quotes)

Vendor: \_\_\_\_\_

Cost: \_\_\_\_\_

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Vendor: \_\_\_\_\_

Cost: \_\_\_\_\_

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Vendor: \_\_\_\_\_

Cost: \_\_\_\_\_

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**Vendor  
Selected:**

**Cost:**

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**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:

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Print Service Provider Name

Service Provider Signature

Date

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Print Participant Name

Participant Signature

Date