



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