Advancing Food Access Grant Application
Vendor Selection Form

1. Description of item or service:_____
   _____

2. Vendor Comparison Summary (check one)

Vendor Name	Total Price	Selected Vendor
1. _____	_____	☐
2. _____	_____	☐
3. _____	_____	☐

All quotes must be for like items. Documentation can include support such as online printouts, written/emailed quotes/proposals or bids.

3. Provide an explanation if lowest bid was not chosen.

4. Procurement by non-competitive proposals or single source providers. Non-competitive proposals must meet one or more of the following criteria. Please select all that apply:

   - ○ Item is only available from a single source
   - ○ After solicitation of like kind, it is deemed that competition is inadequate.
   - ○ Purchased under existing contract
   - ○ Other:_____

Name: _____

Signature: _____ Date: _____