

Attachment 1: Request for Limited Sources Memo Format

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 553-13-4-063-0172 (INSERT)

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Olympus America, Inc

Manufacturer/Contractor POC & phone number: 1-888-524-7266

Mfg/Contractor Address: 3500 Corporate Parkway, P.O. Box 610, Center Valley, PA 18034-0610

Dealer/Rep address/phone number: Bill Herpich 586-612-6949

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

VA Medical Center

4646 John R Street

Detroit, MI 48201

VISN:

11

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

Nineteen (19) HD Flexible Cystonephro Scopes

Nineteen (19) Instrument trays for scopes

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

Nineteen (19) WA05991A Instrument tray for scopes (\$787.00 each) Price from small business (a2z)

Nineteen (19) CYF-VH HD Flexible Cystonephro VS (\$21,037.00 each) Price from small business (a2z)

(b) ESTIMATED DOLLAR VALUE: \$ 335,899.00

(c) REQUIRED DELIVERY DATE: October 2013- FY 2014

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE. (CHECK ALL THAT APPLY AND COMPLETE)

SOP Other Than Full and Open Competition
Original Date (3/22/2011)

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

Olympus America is currently the only vendor that is able to provide the specific surgical accessories in the format needed to promote efficient and effective surgical procedures. The scopes will provide a 10 degree more visualization in each direction providing the ability to see and treat all areas of the bladder from the bladder neck. The Olympus high definition scopes provide a proprietary optical image enhancement technology that enhances the visualization of vessels and other tissues on the mucosal surface structures and fine capillary patterns of mucous surface and is 20% brighter when compared to similar products. This provides improved visual contrast of the surface structures and fine capillary patterns of mucous membranes, which are normally difficult to distinguish.

☐ A patent, copyright or proprietary data limits competition. The proprietary data is:
(If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

☐ These are "direct replacements" parts/components for existing equipment.

☒ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.
These HD scopes are to be used with the existing Olympus power equipment in the OR/MPC for clinical competency and have only interchange ability to connect the accessories with power. A HD flex cystoscope will not be able to be attached to a non HD video processor.

☐ The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

The anticipated cost for this item is ~~335,889.00~~ ^{335,889.00} is considered fair and reasonable based on past purchases of like items. This is a firm and fixed price purchased at the lowest cost and no further negotiations or price analysis is required. This is the lowest cost available. Olympus does have a small business distributor; a2z (DUNS 808414531) and Metro Medial Support Services (Duns 139422950). The items requested are not available on the small business distributors. The equipment is on the large business's FSS Contract V797-2065D under schedule 65-II and it is a mandatory source.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

No other source exists as Olympus America Inc. is the only manufacture that that can provide the same product needed to complete the set. Should an acquisition of this nature recur, the market will again be surveyed to locate possible new vendors. FSS Schedule 65 II was review and it was determined that Olympus was the only vendor that sells the equipment requested. Olympus does use 2 small business distributors: a2z and Metro Medical. Both companies was contacted and they do not have the particular equipment on their FSS Schedule.


(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The new high definition scopes are designed to work with the high definition video and light source used in the minor procedure clinic. Replacing the old scopes with the new high definition scopes will allow us to maintain the standard of care provided here at the medical center as we have started to utilize the advanced video and light system with some of the new high definition scopes. Olympus is the only vendor that manufactures theses Flexible cystoscopes that are compatible with the current existing power equipment.

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

None

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*


SIGNATURE

24 Dec 2012
DATE

Reed Nelson
NAME


RN
TITLE

OR/MPC
SERVICE LINE/SECTION

J.D.D. VAMC
FACILITY

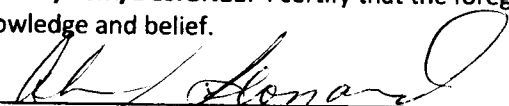
(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.


CONTRACTING OFFICER'S SIGNATURE
GREGORY J. STEVENS, CONTRACTING
NAME AND TITLE OFFICER

8/27/13
DATE
JOHN D. DINGELL VAMEDICAL CENTER
FACILITY

c. NCM/PCM/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.


SIGNATURE
Alvin T. Leonard
NAME Super Contract Spec
VISN II NCM/PCM

8/27/13
DATE

HIGHER LEVEL APPROVAL (Required For orders over \$500,000):

e. SAO: I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

SIGNATURE

NAME
DIRECTOR, SAO X

DATE

f. VHA HCA REVIEW AND APPROVAL (over \$500,000 to \$10 million): I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

NAME
Chief Procurement and Logistics Officer
VHA Head of Contracting Activity (HCA)

DATE