

**SINGLE SOURCE**  
**(APPLICABLE TO PURCHASES UNDER SAT \$3,000 - \$150,000)**

**1. Contracting Activity:**

NCO 12, GREAT LAKES ACQUISITION CENTER,  
115 SOUTH 84<sup>TH</sup> STREET, SUITE 101  
MILWAUKEE, WI 53214

**2. Purchase Request Number:** 578-13-3-969-0234

**3. Authority for Action:**

☒ FAR 13.106-1(b), Soliciting from a Single Source

**4. Describe the supply or service to be acquired and the total estimated dollar value:**

The following transcranial magnetic stimulation equipment is required by the Edward Hines VA Hospital in Hines, IL: Magstim BiStim<sup>2</sup>, two Double 70mm Remote Control Coils, and two SHAM Remote Control Double 70mm Coils.

Total estimated cost is \$59,220.00.

**5. List the proposed contractor (name, contact, and phone number) and describe the unique knowledge or capabilities of the proposed contractor:**

The proposed contractor is: Jali Medical Inc. (Ali Jalinous, 888-959-5254)

The Hines VA Hospital and requesting physician are conducting the following research: Neuroplasticity in Neurorehabilitation in Traumatic Brain Injury (TBI). This research seeks to:

1. Understand and contribute to the body of knowledge regarding the Central Nervous System (CNS) repair mechanisms after severe TBI.
2. Apply mechanistic evidence of neuroplasticity to determine how rehabilitation medicine can shape functional recovery after severe TBI.
3. Conceptualize rehabilitation interventions according to derived evidence to shape CNS repair leading to functional recovery after severe TBI.

FDA Investigational Device Exemption (IDE) #G040195 has been granted for the aforementioned research related to the utilization of only the Magstim equipment listed in Section 4.

6. **Describe your market research efforts and efforts to ensure that offers are solicited from as many potential sources as is practicable:**

The requestor and Contracting Officer have determined that the requested Magstim equipment is only available from one vendor, Jali Medical, Inc. A letter stating as such was provided by the manufacturer and no additional sources were found, open market or on Federal Supply Schedule.

7. **State why you feel that the anticipated cost to the Government will be fair and reasonable:**

The vendor has quoted its regular open market "list" pricing. This pricing is comparable to procurements of the same or similar equipment by the Government in the past.

8. **Other:** None.

9. **Certifications:**

I hereby certify that the data provided above is accurate and complete to the best of my knowledge and belief.

Michael Obuchowski

**Typed/Printed Name and Signature  
of Technical Representative**

09-16-2013

**Date**

I hereby determine that the circumstances of this contract action deem only one source reasonably available.

Charl Turner

**Contracting Officer**

9/16/2013

**Date**

I certify the justification meets requirements for other than full and open competition.

*for* Linda Krysiak

**Christine Hansen**

Network Contract Manager

Network Contracting Office 12, Great Lakes Acquisition Center

9-16-13

**Date**