

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 #: 459-13-1-622-0077

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:

Manufacturer/Contractor: Trane U.S. Inc.

Manufacturer/Contractor POC & phone number: Pam Roth, 808-845-6662

Mfgr/Contractor Address: 2969 Mapunapuna Pl, Suite 101, Honolulu, HI 96819

Dealer/Rep address/phone number: Pam Roth, 808-845-6662

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network Contract Office (NCO) 21

3375 Koapaka Street, Suite F250

Honolulu, HI 96819

VISN:

21

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

Trane R'newal service program, warranty compliance inspections for two Trane Centrifugal Chillers, and replacement of one auto tube brushing diverter valve for one of the chillers. Both chillers are model no. CVHE025.

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

The R'newal is specific for the Trane equipment, which includes all the equipment chillers at VAPIHCS. The R'newal agreement includes a five year service and warranty for the Trane chillers contingent upon a Trane service agreement in place.

(b) ESTIMATED DOLLAR VALUE: \$229,623.58

(c) REQUIRED DELIVERY DATE: 9/30/13

(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.

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.

A patent, copyright or proprietary data limits competition. The proprietary data is: The R'newal program and parts maintenance is covered by GSA contract no. GS-06F-0079R. The maintenance coverage is required due to proprietary parts and diagnostic information of the equipment are only available to trained field technicians provided by the manufacturer.

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.

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:

Prices for this maintenance service have been negotiated and determined fair and reasonable by GSA.

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

No additional market research was conducted. This service is available through the GSA contract.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

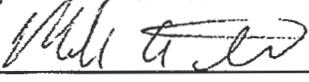
none

(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 Mark A Fienkeid DATE 12 Sep 13
 NAME 459 VAPIHCS TITLE Assistant Chief SERVICE LINE/SECTION FMES
 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 _____ DATE 12 Sept 2013
 _____ NCO 21
 Traudel Haney, Contract Officer FACILITY _____

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

 SIGNATURE _____ DATE _____

 NAME
 Team Manager, Services Team, NCO 21