

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 #: 640-14-1-221-0004**

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: Sizewise Rentals, LLC (Contract No. V797D-30024)

Manufacturer/Contractor POC & phone number: \_\_\_\_\_

Mfgr/Contractor Address: 3555 W. Reno Ave., Suite E – Las Vegas, NV 89118

Dealer/Rep address/phone number: (800) 814-9389

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

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

VAPAHCS

Logistics Management Service (90)

3801 Miranda Ave

Palo Alto, CA 94304

**VISN:**

21

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

Specialty Bed Rentals for the VA Palo Alto Health Care System (VAPAHCS).

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

Vendor shall provide specialty beds and supplies throughout the VAPAHCS. This service shall include delivery, installation, set-up, removal, pick-up, training, maintenance, emergency service and repair of all products requested by the VAPAHCS.

**(b) ESTIMATED DOLLAR VALUE: \$130,000**

**(c) REQUIRED DELIVERY DATE: 24 hours ARO**

**(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)**

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:  
(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 VAPAHCS currently has Sizewise Rentals, LLC specialty beds and supplies rented throughout the facility.

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.

The existing BPA (VA261-BP-0022) with Sizewise Rentals, LLC has expired. The Western States Network Consortium (WSNC) is currently negotiating a new BPA with Sizewise Rentals, LLC. This BPA was supposed to be renewed before the beginning of FY 2014. Since the BPA has not been renewed, a purchase order will be issued under FSS Contract V797P-30024 to prevent interruption to patient care. The current contract for FY 2013 will expire on 09/30/2013. A purchase order needs to be issued by 10/01/2013 so the VAPAHCS can continue renting the Sizewise Rentals, LLC specialty beds and supplies for the patients that are currently using them.

**(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 fixed prices for supplies and services listed under FSS Contract V797P-30024 have been determined to be fair and reasonable by GSA. Therefore, ordering activities are not required to make a separate determination of fair and reasonable pricing. The prices listed under FSS Contract V797P-30024 represent the best value (as defined in FAR 2.101) and results in the lowest overall cost alternative (considering pricing, special features, administrative costs, etc.) to meet the Government's needs.

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

Due to the urgency to have a rental contract in place and to prevent interruption of rental services, market research was not conducted.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

**(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:**

Currently, patients are using Sizewise Rentals, LLC specialty beds and supplies. This limits the ability to remove and replace the specialty beds and supplies with other manufacturer's products during the fiscal year end/beginning. There is not a transition period inserted in the current FY 2013 contract that would allow for Sizewise Rentals, LLC beds and supplies to be used in FY 2014. Sizewise Rentals, LLC was not awarded the FY 2014 contract. This issue would cause interruption to the current patients using Sizewise Rentals, LLC beds and supplies. In the future, a request for the desired specialty bed rentals and supplies from the program office earlier in the FY would allow more time for NCO 21 to prepare the appropriate contract mechanism. Also, the renewal of established BPA's would assist the program office in meeting the needs of their facilities and patients.

**(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 of the contractor's supervisor, fund control point official, chief of service or someone with*

SIGNATURE

DATE

NAME

TITLE

SERVICE LINE/SECTION

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

NAME AND TITLE

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

VISN X NCM/PCM