

LIMITED SOURCES JUSTIFICATION
ORDERS >\$3,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 586-14-1-033-0037 and 586-14-1-033-0060.

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: Varian Medical Systems, Inc

Manufacturer/Contractor POC & phone number: Jonathan Wakefield, 888-827-4265

Mfg/Contractor Address: 3100 Hansen Way, Palo Alto, CA 94304-1030

Dealer/Rep address/phone number: Same as above

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

(1) AGENCY AND CONTRACTING ACTIVITY: Network Contracting Activity (NCO 16)

Department of Veterans Affairs

715 S. Pear Orchard Road, Plaza 1

Ridgeland, MS 39157

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

Maintenance of Varian equipment located at the G.V. (Sonny) Montgomery VA Medical Center, 1500 E. Woodrow Wilson Drive, Jackson, Ms. 39216. Equipment as follows:

Clinac IX Triolgy, Rapid Arc, Eclipse, Aria and H48C730-TPS LC

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

Provide maintenance for software and hardware support of Varian Medical Systems equipment used on a daily basis for direct patient care at the G.V. (Sonny) Montgomery VA Medical Center, Jackson, MS.

(b) ESTIMATED DOLLAR VALUE:

(1) Transaction: 586-14-1-033-0037 [REDACTED]

(2) Transaction: 586-14-1-033-0060 [REDACTED]

(c) REQUIRED DELIVERY DATE: 10/1/2013

(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.

Varian Medical Systems, Inc is the sole designer, developer and manufacture of the above equipment. They are the only contractor authorized to work on this equipment and maintenance is covered under contract number (V797P-6077B). Any other supplier or parts would void the warranty, may cause damage to the equipment, effect direct patient care and not be compatible with the system. The use of non-Varian-supplied software/parts may affect product performance of the equipment.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

The pricing has been negotiated under the VAFSS and determined fair and reasonable.

(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 proprietary nature, Varian Medical Systems, Inc is the only company that can access the systems remotely and offer certified parts that meet the original equipment manufacturers specification. They are the only company authorized to perform work or provide proprietary software for this equipment.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Varian Medical Systems, Inc is the original equipment manufacturer (OEM) and the only company authorized to provide software and hardware support for this 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:

Due to the proprietary nature, Varian Medical Systems is the only company authorized to provide software and hardware support for this equipment.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonafide 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.)*

Mary Anne Poole

SIGNATURE

DATE

9/20/13

Mary Anne Poole

Administrative Officer

Facility Management Service (FMS)

NAME

TITLE

SERVICE LINE/SECTION

G.V. (Sonny) Montgomery VAMC, Jackson, MS

FACILITY

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

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

Rose Briggs

Rose Briggs, Contracting Officer

NETWORK 16 CONTRACTING ACTIVITY

DATE

9/20/13

b. P&C: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Clay K. Jones

Clay K. Jones

CHIEF, PURCHASING AND CONTRACTING

(715 S. Pear Orchard/Ridgeland, MS) NETWORK 16 CONTRACTING ACTIVITY

Date

9/23/13

c. NCM/PCM: I certify the justification meets requirements for other than full and open competition.

Aaron Villalpando

Aaron Villalpando

Network Contract Manager

Network 16 Contracting Office

Date

9/24/13