

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 521-14-2-867-0001

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: Robert's Business Associates (SDVOSB: GS-10F-0218S)

Manufacturer/Contractor POC & phone number: Darla Roberts / (703) 971-7791

Mfgr/Contractor Address: 6032 Cliff Drive, Alexandria, VA 22315

Dealer/Rep address/phone number: Allina Health System c/o: Pat Vitale/2833 Chicago Ave S;
Minneapolis, MN 55407/(612) 863-7775

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs
Veteran's Health Administration
Birmingham VA Medical Center
700 South 19th Street
Birmingham, AL 35233
7

VISN:

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

This is a request for other than full and open competition for the procurement of holistic nursing training services. The agency completed a contract with Allina Health System and desires to train additional nurses in the same methodology currently practiced by the other twenty-eight (28) program graduates.

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

This request is for the procurement of holistic nursing practice training; holistic nursing practice coaching and mentoring; train-the-trainer training for holistic nursing practice; and train-the-trainer coaching and mentoring. The contractor must have an adequate number of experienced integrative health providers will be required to deliver all trainings; each participant is supplied all essential program materials (written and electronic); and all materials, both in print and on screen, are of the highest quality and meets ADA standards. The training must include the following elements to ensure success: foundations, massage, stress and relaxation, healing and belief systems, guided imagery, self-care, relationship to self, others, environment and spirit, and barriers and solutions to practice; and coaching, and mentoring services to assist the facility in ensuring the training is successfully implemented, consults for services are appropriately developed, barriers to practice are corrected or eliminated, and tactics for continuous encouragement and expansion of practice are implemented and executed. These engagements should occur three (3) months after completion of the trainings.

(b) ESTIMATED DOLLAR VALUE: \$86,667.00

(c) **REQUIRED DELIVERY DATE:** March 1, 2014 – February 28, 2015

(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.

In 2013, the agency awarded a contract for these services to Roberts Business Associates, Inc. and its sub-contractor Allina Health System for the provision of holistic nursing practice training, coaching and mentoring. At the completion of 2013, the agency had a total of 28 nurses complete the rigorous program. The agency's plan is to train an addition set of nurses and select a set of nurses to undergo train-the-trainer training. Because the practice is new to the agency and much work has been accomplished thus far under the current practice philosophy provided from Allina Health Systems it would be detrimental to the program to select another vendor.

(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 price is consistent with previous purchases. This service is provided under GSA Contract and price has previously been determined to be 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:

Market Research was conducted on this requirement in September 2012 just prior to the award of this same requirement in 2012 under Delivery Order VA247-12-F-2662. A solicitation was issued for Federal Supply Schedule holders and the only offer received was from Roberts Business Associates, Inc.

An intent to sole source notice was posted to e-Buy on 1 February under Solicitation number VA247-14-I-0288 with no interested vendors responding to the notice.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

It is extremely important to programmatic success that the same vendor is utilized. The agency and its staff have a strong working relationship with the contractor which requires time to develop to be successful in this work. New models of care are a very sensitive educational area which requires trust, evidence, and proven competence. The contractor was awarded this contract the previous year in which this trust, evidence and proven competence were confirmed. The agency's plan is to train another cohort of staff in holistic nursing practice followed by a train-the-trainer course. No other vendor would be acceptable due to the agency's work completed thus far with the contractor and the contractor's notoriety as a leader in evidence-based holistic care.

(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:

There are no actions, as the education and training of staff is critical and must be consistent. New models of care are a very sensitive educational area which requires trust, evidence, and proven competence. The agency

has developed a strong working relationship with the contractor which has made the program successful thus far. It is not in the best interest of our Veterans or the staff to change vendors as this will effectively change the model. This is a one time purchase to complete the necessary training of the remaining personnel.

(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.)*

<u>//es//D'Rondrell Hamner</u>	<u>12/17/13</u>
SIGNATURE	DATE
<u>D'Rondrell Hamner</u>	<u>Health System Specialist</u>
NAME	TITLE
<u>Birmingham VA Medical Center</u>	<u>Director's Office</u>
FACILITY	SERVICE LINE/SECTION

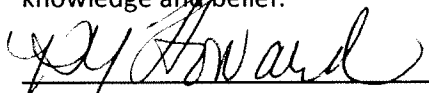
(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

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

2/6/2014

<u>X Connie Ganier</u>	
Connie Ganier	
Contracting Officer	
Signed by: VHABIRGanieC	
<u>CONTRACTING OFFICER'S SIGNATURE</u>	<u>6 February 2014</u>
	DATE
<u>Connie Ganier, Contracting Officer</u>	<u>NCO 7, Birmingham VA</u>
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.

<u></u>	<u>2/24/14</u>
SIGNATURE	DATE

PRUDENCE HOWARD

NAME

VISN 7 NCM/PCM