

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 #: 675-14-2-2637-0412

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: A-Dec

Manufacturer/Contractor POC & phone number: Perry Greenway 706-892-8725

Mfrgr/Contractor Address: 2601 Crestview Drive Newberg, OR 97132

Dealer/Rep address/phone number: _____

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Orlando VA Medical Center

5201 Raymond Street

Orlando, FL 32803

VISN:

08

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

Brand Name Justification for the procurement of high and low speed A-Dec electric hand pieces attachments that are compatible with existing A-dec electric motors currently connected to the A-Dec operatory chair. The hand pieces are used to remove decay and shape tooth structure prior to the insertion of a filling or crown. They are critical Re-usable Medical Equipment (RME) and are currently standardized in the Lake Baldwin dental clinic.

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

Electric Friction grip high speed attachment that is compatible with the A-dec electric motor

Speed ratio of 1:5

Head size 9.5mm

Minimum bur length of 19

Maximum bur length of 25

Penta spray capability

25,000 lux light intensity

Push button chuck for 1.6 mm friction grip burs

Electric Latch slow speed attachment that is compatible with the A-dec electric motor

Speed ratio of 1:1
Head size 9.5mm
Minimum bur length of 16
Maximum bur length of 34
Single spray capability
25,000 Lux light intensity
Push button chuck for 2.35 mm latch burs

Electric Straight slow speed attachment that is compatible with the A-dec electric motor

Speed ratio of 1:1
Single spray capability
25,000 Lux light intensity
Twist tension chuck
No light needed

Electric friction grip slow speed

Speed ratio of 1:1
No light needed
Contra angle for friction grip burs
No water spray

(b) **ESTIMATED DOLLAR VALUE:** \$43,168

(c) **REQUIRED DELIVERY DATE:** 4/30/2014

(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.

The A-Dec hand pieces are the only hand pieces compatible to the A-Dec electric motors and A-Dec operatory chairs which are standardized throughout the Lake Baldwin Dental Clinic. A-Dec has these hand pieces on their mandatory FSS 65 schedule contract V797P-3073M. It is possible to get the required hand pieces through a Small Business distributor, but since there is no class deviation for NAICS 339114 the Non-Manufacturer rule prohibits purchasing through any Small Business.

☐ 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 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 A-Dec electric hand piece attachments are made specifically for the A-dec electric motor (model EA-50LT) we currently have in the clinic. No other hand piece will fit this motor and function correctly. The electric hand pieces need to be compatible for infection control, RME, servicing and maintenance requirements and standards.

☐ 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:

If we were to purchase other hand pieces, we would need to order different electric motors and adapters for them to function correctly. All Corporate Orlando Dental Service are equipped with A-Dec chairs and there is a requirement for standardization so RME SOP is consistent and uniform throughout Corporate Orlando Dental Services. We would no longer maintain standardization which would require new sterilization process SOP's and biomedical engineer training. The function of the motor is compromised if different electric hand piece attachments are used.

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

Discussions were held with the manufacturer to understand the effects of utilizing the motors with other hand pieces as well as the possibility of utilizing a small business distributor.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The Lake Baldwin Dental clinic recently extended its hours and increased in providers. We are currently seeing a much larger patient load which means resource needs have increased. There have been times when we have had to delay patient treatment because of the turn-around time for sterilization due to not having enough hand pieces. The clinic desperately needs these additional A-Dec hand piece attachments to keep up with the increased workload and to provide quality patient 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:

(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.)*

Maria Sampson 4/10/14
SIGNATURE DATE
Maria Sampson Spvr. Dental Asst. Dental
NAME TITLE SERVICE LINE/SECTION
OVAMC
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.

Ed Roldan April 11, 2014
CONTRACTING OFFICER'S SIGNATURE DATE
Edwin Roldan, Contracting Officer VISN 8, Orlando VAMC
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.

Daniel Pontoriero 11 April 2014
SIGNATURE DATE
Daniel Pontoriero
NAME
Supervisory Contracting Specialist

HIGHER LEVEL APPROVAL (Required For orders over \$500,000):

e. SAO: I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

SIGNATURE

DATE

NAME

DIRECTOR, SAO X

f. **VHA HCA REVIEW AND APPROVAL (over \$500,000 to \$10 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

NAME

Chief Procurement and Logistics Officer
VHA Head of Contracting Activity (HCA)

DATE

g. **VA Deputy Senior Procurement Executive Approval (\$10 million not to exceed \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

C. FORD HEARD

Deputy Senior Procurement Executive (DSPE)

DATE

h. **VHA Senior Procurement Executive Approval (over \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for other than full and open competition.

JAN R. FRYE

Deputy Assistant Secretary
Office of Acquisition and Logistics
Senior Procurement Executive (SPE)

DATE