

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

537-14-4-969-0251 _____

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: Heine USA Ltd

Manufacturer/Contractor POC & phone number: (800)367-4872

Mfgr/Contractor Address: 10 Innovation Way, Dover NH 03820

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:

Department of Veterans Affairs

Great Lakes Acquisition Center

115 South 84th Street, Milwaukee, WI 53214

NCO: 12

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

Brand Name Only

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED: Reusable ^{HEINE} Laryngoscope Handles and Blades

(b) ESTIMATED DOLLAR VALUE: \$36,408.00

(c) REQUIRED DELIVERY DATE: 30 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.

Based on technical evaluation by the end user, the Heine line of reusable laryngoscopes is the only type that meets the salient characteristics. Other brands are less durable, and easier to damage while reprocessing. This will result in breakage, which will require repurchase, as well as a reduction in the level of patient care.

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 Jesse Brown VAMC already uses Heine equipment, so the equipment purchased under this contract is completely compatible.

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:

Based on durability, compatibility, and standardization of equipment as detailed in the technical evaluation I recommend limiting this order to Brand Name Only.

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

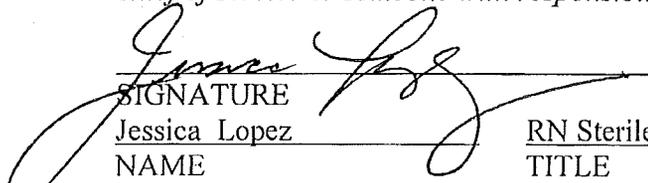
An in depth search including use of GSA eLibrary, GSA Advantage, and consultation with vendors showed that there are no vendors who offer these items under GSA Contract or FSS.

(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:

(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 _____ DATE 8-27-2014
NAME Jessica Lopez TITLE RN Sterile Processing Service SPD/SPS-Nursing
FACILITY Jesse Brown VA Medical Center 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.


CONTRACTING OFFICER'S SIGNATURE _____ DATE 8/27/2014
Teresa Beers Wesolowski, CO
NAME AND TITLE _____ NCO 12

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


SIGNATURE _____ DATE 8/27/2014
for
CHRISTINE HANSEN
DIRECTOR OF CONTRACTING
NETWORK CONTRACTING OFFICE 12, GREAT LAKES ACQUISITION