

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$3,000**

**FAR PART 8.405-6**

**2237 Transaction # or Vista Equipment Transaction #:** 437-15-1-033-0010

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: Omnicell Inc.

Manufacturer/Contractor POC & phone number: Wendy Smith – 951-653-2081

Mfgr/Contractor Address: 1201 Charlestown Road, Mountain View, CA 94043

Dealer/Rep address/phone number: Lisa Kryszak 650-251-6467

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

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

Department of Veterans Affairs

Fargo VA Health Care System

2101 Elm Street

Fargo, ND

**VISN:**

23

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

A sole source delivery order will be awarded for the lease of Omnicell carts and services. The Fargo VA HCS has a requirement to fund the first quarter (FY15) lease and service agreement for the Omnicell prescription dispensing equipment. This is funding for services for leased equipment located on the Fargo VAHCS for automated dispensing to patients. The Fargo VA HCS has already invested in the technology and servers for the Omnicell system. All staff have already been trained on the proper use of the Omnicell equipment and are familiar with its features and functions. Additionally, VISN 23 has standardized on the Omnicell System.

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

3 months lease payments to cover the first quarter of FY15 as well as support services and label printers. The following items are listed on the lease:

Product	Description	Qty
HWUPGR	OMNICENTER HARDWARE UPGRADE (RACK)	1
OCRA1	OMNICENTER REMOTE ACCESS(SINGLE USER)	1
TRAINRX	System Administrator Training (Pharmacy)	1
MSA-OPT-001	FLEXLOCK WITH TEMPCHECK (50FT CABLE)	7
OSL24	24-Bin Sensing Drawer	1
MDA-FRM-002	2-CELL OMNIRX	1
MDA-OPT-001	EXTERNAL RETURN BIN INSTALLED	1
MDA-SCN-004	2D SAFETYSTOCK G4 (1,2,3 CELL)	1
OLL12	12-Bin Locking Drawer	4
OLL6	6-Bin Locking Drawer	1
OSL12	12-Bin Sensing Drawer	2
OSL24	24-Bin Sensing Drawer	8
OSL6	6-Bin Sensing Drawer	1
OSRXU	NINE DRAWER PHARMACY MODULE	2
SRD-IDR-019	MAG CARD READER (TRK1) FOR G4 PC BOX	1
14-1249	OPTION,KIT,SAFETYSTOCK SERVER,SUITE	1
56RXCT	HALF-CELL OMNISUPPLIER COLOR TOUCH	4
CSM-AIO-003	SV/NV CT CONVERSION TO CSM	1
CSM-SCN-001	2D BARCODE SCANNER,CSM	1
LEASE BUYOUT	Supplement 3	1
LEASE BUYOUT	Supplement 2	1
LEASE BUYOUT	Supplement 1	1
MDA-CNS-001	OMNIRX LID UPGRADE TO G4 CONSOLE	12
MDA-FRM-006	OMNIRX-TT G4	1
MDA-OPT-001	EXTERNAL RETURN BIN INSTALLED	1
MDA-PCB-001	RX PC BOX UPGRADE TO G4 CONSOLE	12
MDA-SCN-003	2D SAFETYSTOCK G4 (OMNIRX, TT, HALF RX)	14
MDA-SCN-004	2D SAFETYSTOCK G4 (1,2,3 CELL)	14
OCFL	OMNICELL FLEXLOCK	13
OCRA1	OMNICENTER REMOTE ACCESS(SINGLE USER)	2
OERB1	EXTERNAL RETURN BIN,G3	19
OEXPLCT	OMNIEXPLORER (PER CT CABINET)	8
OLL12	12-Bin Locking Drawer	44
OLL12	12-Bin Locking Drawer	4
OLL6	6-Bin Locking Drawer	7
OMC-SCN-004	2D SAFETYSTOCK (ADDL SERVER)	1
OS3DRXU	THREE DRAWER PHARMACY MODULE	8
OSCT104RX	OMNIRX ONE-CELL	5
OSCT224RX	OMNIRX TWO-CELL	6
OSCT344RX	OMNIRX THREE-CELL	2
OSD24	OMNICELL DRAWER MODULE(SUPPLY DRAWER)	1
OSL12	12-Bin Sensing Drawer	7
OSL12	12-Bin Sensing Drawer	5
OSL24	24-Bin Sensing Drawer	13
OSL24	24-Bin Sensing Drawer	38
OSL6	6-Bin Sensing Drawer	2
OSL6	6-Bin Sensing Drawer	2
OSPPO	Profile Driven Option	8
OSRXU	NINE DRAWER PHARMACY MODULE	12
OX104RX	OMNIRX ONE-CELL AUXILIARY	1
SRD-IDR-020	MAG CARD READER (TRK3) FOR G4 PC BOX	14
SRD-IDR-025	MAG CARD READER (TRK3) G4 LID CONSOLE	14
TTCT	OMNITT COLOR TOUCH	9
MDA-OPT-003	MDA-OPT-003	1
MDA-PNT-001	MDA-PNT-001	8
OSAX	PC BOX FOR AUXILIARY	1
SRD-IDR-016	TOUCH & GO FOR G4 PC BOX CONSOLE	13
SRD-IDR-021	TOUCH & GO FOR G4 LID CONSOLE	12
MDA-PNT-002	MEDICATION LABEL PRINTER (G4 LID)	1

This order is only for three months of service to allow time for a long term contract vehicle to put in place.

(b) ESTIMATED DOLLAR VALUE: \$50,660.04

(c) REQUIRED DELIVERY DATE: 10/15/2014

**(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.

Omnicell is the only vendor in the GSA FSS mandatory source 65IIA that offers this equipment and service.

---

---

---

---

---

---

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 Fargo VA HCS has standardized on the Omnicell Medication Dispensing units. Only Omnicell can offer leasing and servicing of Omnicell equipment.

---

---

---

---

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:**

IAW FAR 8.404(d), "GSA has already determined the prices of supplies and fixed priced services under schedule contracts to be fair and reasonable." Omnicell lease and maintenance services are available on FSS schedule.

---

---

---

---

---

---

---

---

---

---

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

A general search of GSA Advantage 6511A, A-92 determined that Omnicell was offered on GSA schedule.

---

---

---

---

---

---

---

---

---

---

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

VISN 23 has standardized on the Omnicell system

---

---

---

---

---

---

---

---

---

---

**(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:**

Once the agreement with Omnicell expires, a new solicitation will be offered to all companies offering medication dispensing units to fulfill the VA's requirement.

---

---

---

---

**(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
Paulette F. Knutson NAME	Pharmacoeconomist TITLE
Fargo VA HCS FACILITY	Pharmacy Service 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
Lance Haman, Contract Officer NAME AND TITLE	Fargo VA FACILITY

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

_____ SIGNATURE	_____ DATE
Scott Petrin Branch Chief, NCO 23	