

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 691-15-1-430-0008

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:

Manufacturer/Contractor: Parata Systems, LLC

Manufacturer/Contractor POC & phone number: Stacey Cryer, Senior Account Analyst, (919) 354-2076

Mfgr/Contractor Address: 2600 Meridian Parkway, Suite 100, Durham, NC 27713

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

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs

VA Greater Los Angeles Healthcare System (VAGLAHS)

11301 Wilshire Blvd.

Los Angeles, CA 900073

VISN/NCO: Network Contracting Office 22

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

The requirement is a new order for the procurement of proprietary repair and maintenance service for Veteran Affairs Greater Los Angeles's existing Parata Pharmacy 2000 automated prescription dispensing systems.

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

The VAGLAHS requires repair and maintenance service for VAGLAHS owned Parata Pharmacy 2000 automated prescription dispensing systems (equipment, hardware, and software).

(b) ESTIMATED DOLLAR VALUE: ██████████

(c) REQUIRED DELIVERY DATE: Base year: 11/1/14 - 10/31/15

Plus 2 one year options 11/1/2015 -10/31/2017

(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 SERVICE.

☒ This procurement is being conducted per FAR 8.405-6(a)(B); only one source is capable of providing the supplies or services required at the level of quality required because the services are unique. Parata Systems, LLC (including its subsidiaries and affiliates, including, without limitation, McKesson Automated Systems, Inc., collectively, "Parata") is the sole source in the United States for the maintenance of the following Parata Product Pharmacy 2000®, Parata MAX® and Parata Mini®, Parata PASS®.

☒ A patent, copyright or proprietary data limits competition. The proprietary data is: Service by an authorized Parata Systems Field Support Engineer is required to maintain the integrity of the proprietary software and insure the equipment receives minor software updates as new version releases are available.

☒ These are "direct replacements" parts/components for existing equipment. Parata Systems does not resale parts or components of this equipment to any third party vendor for maintenance purposes.

☒ 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 existing Parata equipment, hardware, and software at VAGLAHS requires proprietary maintenance and support on a scheduled and as needed basis.

(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 National Acquisition Center initially procured the Parata Systems as an agency-wide solution and the continued Parata warranty coverage is dependent on proprietary parts and service. The replacement of the current equipment would be costly and is not feasible at this time. The services provided by Parata Systems, LLC are the best value to the agency because they are the OEM and provide all aspects of form, fit, and function providing the maximum life of the equipment.

(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 of the FSC Group 65, Part II Sections A revealed the Department of Veterans Affairs Federal Supply Schedule Authorized Federal Supply Schedule Price List Medical Equipment that includes the required services. There were no other contractors' schedules listed that are capable of providing the required services.

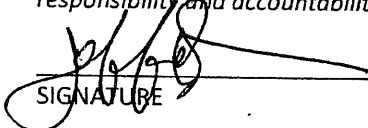
(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

There are no other facts supporting this justification at this time.

(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:

The VA has no plans at this time to compete future contracts for the required services. If another potential source emerges, the VA will consider and assess whether competition for future requirements is feasible.

(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.)*

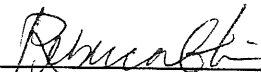

SIGNATURE
DATE 10/16/2014

<u>Jeffrey Sayers</u> NAME	<u>Chief, Pharmacy Service</u> TITLE	<u>Nursing and Patient Care Services</u> SERVICE LINE/SECTION
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VA Greater Los Angeles Healthcare System
FACILITY

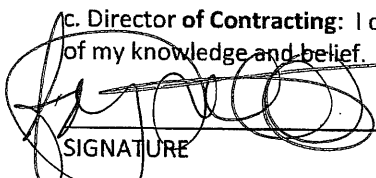
(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

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


CONTRACTING OFFICER'S SIGNATURE
DATE 10/21/14

<u>Rebecca Gloria, Chief, Services Branch II</u> NAME AND TITLE	<u>Network Contracting Office 22</u> FACILITY
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c. Director of Contracting: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.


SIGNATURE
DATE 10/21/14

<u>Kevin Blanchard, Director of Contracting</u> NAME Director of Contracting Network Contracting Office 22
