

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 550-15-2-314-0102

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: Getinge Group

Manufacturer/Contractor POC & phone number: 585-272-5157

Mfgr/Contractor Address: 1777 E. Henrietta Rd Rochester NY 14623-3133

Dealer/Rep address/phone number: Dan Marino 630-229-9090

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

1900 East Main Street

Danville Illinois 61832

Network 11 Contract Office

VISN:

11

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

Limited source procurement to furnish patient lifts and lift motors.

Contractor shall provide all equipment and materials needed to install 22 Getinge Maxi Sky lifts (motor provided by VA), and 2 Getinge Maxi Sky 1000 lifts (motor provided by Contractor) for the two new Green Homes.

Equipment and materials needed by April 6, 2015 for work to begin on ceiling track installation .

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

The Contractor shall provide 2 Maxi Sky Lift motors. It shall provide all track and hardware necessary to implement the design requirements of the 24 Ceiling Patient Lifts for the Greenhomes Project. This shall also include all loop and positioning slings required to make the Lift System fully functional.

Contractor shall provide all equipment and materials to install 22 Getinge Maxi Sky lifts (motor provided by VA), and 2 Getinge Maxi Sky 1000 lifts (motor provided by Contractor).

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(b) ESTIMATED DOLLAR VALUE: \$170,741.65

(c) REQUIRED DELIVERY DATE: 04/06/2015 The period of performance is 180 days from receipt of notice to proceed.

(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.

Schedule 65II is a Mandatory Source for Medical equipment and supplies. Getinge Group is the only FSS Mandatory Schedule 65II A contract holder that can provide the brand of equipment and hardware required that will be compatible with the existing equipment that the facility has in their possession for use. They are the only FSS provider of all related slings that are compatible with the Maxi Sky lift system.

☐ 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 facility has Twenty Getinge USA (ARJO) motors on hand and available for use. In order to be able to use the existing available equipment motors, and be compatible with said equipment, The Gentinge

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Maxi Sky Lift system and related components are the only equipment that will operate in coordination with the Lift Motors already in possession of the facility.

☐ 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:

This order will allow the facility to make use of existing on hand equipment, resulting in an approximately \$60,000.00 savings to the government. The cost savings involved in making use of available equipment already in possession of the government makes this the best value available at this time.

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

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Market Research was not conducted to seek other suppliers of Like or equal equipment due to the need for compatibility with the existing Government owned equipment being used in conjunction with this requirement.


(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:

The facility will seek competition in future procurements where the consideration of making use of on hand government owned equipment is not applicable.

(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>3/11/15</u>
SIGNATURE		DATE
<u>James Cullum</u>	<u>Chief Engineering</u>	<u>Engineering</u>
NAME	TITLE	SERVICE LINE/SECTION
<u>VA Illiana Healthcare System</u>		
FACILITY		

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(10) APPROVALS IN ACCORDANCE WITH THE VHAPM, Volume 6, Chapter VI: OFOC SOP: *This part if filled out by Contracting Staff as part of the Justification*

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

Kevin P. Adkins
393019

Digitally signed by Kevin P. Adkins 393019
DN: dc=gov, dc=va, o=internal, ou=people,
0.9.2342.19200300.100.1.1=kevin.adkins@va.gov,
cn=Kevin P. Adkins 393019
Date: 2015.03.11 16:10:03 -05'00'

CONTRACTING OFFICER'S SIGNATURE

03/11/2015

DATE

Kevin P Adkins Contract Specialist

NAME AND TITLE

Network 11 Contract Office

FACILITY

b. Director of Contracting/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

03/16/2015

SIGNATURE

DATE

Toni Waggoner Boykin

NAME

NCO11 NCM/PCM/Designee