

JUSTIFICATION FOR SINGLE SOURCE AWARDS IAW FAR 13.106-1
(OVER MICRO-PURCHASE THRESHOLD(\$3K) BUT NOT EXCEEDING THE SAT (\$150K))

IAW [FAR13.104](#), COs must promote competition to the maximum extent practicable to obtain supplies and services from the source whose offer is the most advantageous to the Government, considering the administrative cost of the purchase. When competition is not practicable, IAW [FAR13.106-1\(b\)](#), COs solicit from a single source for purchases not exceeding the simplified acquisition threshold. COs may solicit from one source if the CO determines that the circumstances of the contract action deem only one source reasonably available (e.g., urgency, exclusive licensing agreements, brand-name or industrial mobilization). IAW [FAR13.106-3\(b\)\(3\)](#), COs are required to include additional statements ***explaining the absence of competition*** (see [13.106-1](#) for brand name purchases) if only one source is solicited and the acquisition does not exceed the simplified acquisition threshold (does not apply to an acquisition of utility services available from only one source) or supporting the award decision if other than price-related factors were considered in selecting the supplier. This template when completed can be used to document single source awards IAW [FAR13.106-3\(b\)\(3\)](#). Note: Statements such as "only known source" or "only source which can meet the required delivery date" are inadequate to support a sole source purchase.

1. PURCHASE REQUEST OR REQUISITION NUMBER:

761-15-3-014-0237

**1A. PROJECT/TASK
NUMBER**

1B. ESTIMATED AMOUNT:

2. BRIEF DESCRIPTION OF SUPPLIES OR SERVICES REQUIRED AND THE INTENDED USE:

1. Line item #1: One Touch Ultra Glucose Test Strips (XZ173)
 - a. Manufacturer: Life Scan
 - b. QTY: 100 per box, 650 boxes total
 - c. NDC: 53885024510
2. Line item #3: Set, Infusion Animas #181-01 (XV274)
 - a. Manufacturer: Unomedical
 - b. QTY: 10 per box, 100 boxes total
 - c. NDC: 99910-0181-01
3. Line item #5: Leg bag Combination PK H#9348 latex free (XU258)
 - a. Manufacturer: Hollister
 - b. QTY: 1 per EA, 975 EACH
 - c. NDC: 61007009348
4. Line item #6: Set, Medication Administration, Paradigm Quick-Set 9MM Cannula, 60 CM tubing #MMT-397
 - a. Manufacturer: Medtronic
 - b. QTY: 10 per BX, 100 boxes total
 - c. NDC: 76300039710

3. UNIQUE CHARACTERISTICS THAT LIMIT AVAILABILITY TO ONLY ONE SOURCE, WITH THE REASON NO OTHER SUPPLIES OR SERVICES CAN BE USED:

Within the VHA brand name items may be prescribed by physicians when in their clinical judgment the brand name item will provide a better therapeutic outcome for patients. At this time, the physician has stated the above mentioned name brand items are the only brands that will meet the specific needs of the patients; however, we are still competing this amongst distributors.

In regards to Line item #4: Our patients currently have the Medtronic pumps and as stated on the Medtronic's website under Important Safety information- Indications, Contraindications, Warnings and Precautions- Only use reservoir and infusion sets manufactured by Medtronic Diabetes. The pump has undergone extensive testing to confirm appropriate operation when used with compatible reservoirs and infusion sets manufactured or distributed by Medtronic Diabetes. We cannot guarantee appropriate operation if the pump is used with reservoirs or infusion sets offered by third-parties.

4. REASON THAT SUGGESTED SOURCE IS THE ONLY SOURCE, WHICH CAN PROVIDE THE SUPPLIES OR SERVICES:

History of this item is indicating this product can be obtained from several vendors (distributors), including some SDVOSB distributors.

5. DESCRIPTION OF MARKET RESEARCH CONDUCTED AND RESULTS OR STATEMENT WHY IT WAS NOT CONDUCTED:

After searching NAC & GSA, there are no available contracts for the items requested.

6. Contracting Officer's Certification: *Purchase is approved in accordance with FAR13.106-1(b). I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.*

Signature: _____

Date: _____

Name: _____

Title: _____

Facility: _____