

Chapter VI: Other Than Full and Open Competition (OFOC) SOP
Attachment 2: Request for Limited Sources Justification Format >\$150K

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 438-15-4-040-0754

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: Omnnicell

Manufacturer/Contractor POC & phone number: Wendy Smith

Mfgr/Contractor Address: 509 E. Middlefield Road, Mountain View CA 94043

Dealer/Rep address/phone number: 800-850-6664, 951-206-8473 (cell)

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network Contracting Office 23

474 45th St S, Suite 202

Fargo, ND 58102

VISN:

23

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

A firm-fixed-price delivery order under FSS contract V797D-30111. The Sioux Falls VA HCS has a requirement for Med Surge Pharmaceutical Dispenser Units. These units are in addition to units already in use at the Sioux Falls VA HCS, and it would not be cost effective to compete and award for a new dispensing system.

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

Omnnicell Stations with associated equipment.

- (8 each) MDA-FRM-0001 1-CELL OmniRX
- (9 Each) MDA-OPT-0001 External Return BIN (Installed)
- (8 Each) MDA-OPT-006 Best Practice Package
- (2 Each) MDA-PNT-0001 Medication Label Printer (G4 PC Box)
- (8 Each) MDA-SCN-0004 2D Safety Stock G4 (1,2,3 Cell)
- (6 Each) MSA-LIC-001 Anywhere RN
- (10 Each) MSA-OPT-008 Flexlock with Temp Check (50 Ft) Install G4
- (7 Each) OLL12 12-Bin Locking Drawer
- (2 Each) OMC-LIC-005 OC Remote Access WIN2012 UPG (Single)
- (24 Each) OSL12 12-Bin Sensing Drawer

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- (40 Each) OSL24 24-Bin Sensing Drawer
- (8 Each) OSPPO Profile Driven Option
- (8 Each) OSRXU Nine Drawer Pharmacy Module
- (2 Each) SCHMEDS Scheduled Meds2 each) Maintenance Manuals, User Manuals, and Cleaning Instructions for all equipment, supplies and accessories. (CD, PDF or Word)

(b) ESTIMATED DOLLAR VALUE: \$ \$434,883.79

(c) REQUIRED DELIVERY DATE: 9/30/2015

(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.

X 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.
Sioux Falls VA HCS has already invested in the technology and servers for the Omnicell system. These units will interconnect with the other existing units. No other units are compatible with the existing units in place.

X 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.
Currently, the Sioux Falls VA HCS utilize the Omnicell medication system. The automated medication systems that are needed are required to be fully interoperable and compatible to ensure there are no issues with connectivity with the current system. In addition, the system must be compatible with Vista, CPRS, and Pandora.

(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-price services under schedule contracts to be fair and reasonable. Omnicell Pharmaceutical Dispenser Units 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 search of GSA schedule holders was conducted for Omnicell products to determine if additional vendors that offer Omnicell products were available.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Switching to a new pharmacy dispensing system would be cost prohibitive as the entire network has been standardized on the Omnicell system, and has been estimated to cost an additional \$3.7M in additional costs.

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(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:

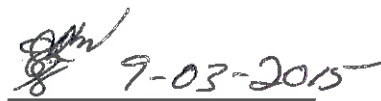
None. Omnicell is standardized throughout the facility and network.

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(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.)*



STEVEN R. WESTHOFF
COR Liaison, SFVAHCS/AD Office
Sioux Falls VA HCS



DATE

(10) APPROVALS IN ACCORDANCE WITH THE [VHAPM, Volume 6, Chapter VI: OFOC SOP](#):

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

9/3/2015

DARRYL W. MOON
Contracting Officer, NCO-23
Fargo VA HCS

DATE

b. Director of Contracting/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief and approve for other than full and open competition.

9/3/2015

CHRISTOPHER T. VOLK
Branch Manager, Commodities, NCO-23
Fargo VA HCS

DATE