

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 437-16-1-033-0004

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: Omniceil, INC

Manufacturer/Contractor POC & phone number: Wendy Smith / 800-850-6664

Mfgr/Contractor Address: 590 E Middlefield Rd, Mountain View, CA 94043

Dealer/Rep address/phone number: Wendy Smith

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network 23 Contracting Office

2101 Elm St. N

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 awarded on a limited sources basis.

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

To meet the agency's needs, request is for Omnicell automated medication cabinets. The entire list below :

<u>Product</u>	<u>Description</u>	<u>Qty</u>
HWUPGR	OMNICENTER HARDWARE UPGRADE (RACK)	1
OCRA1	OMNICENTER REMOTE ACCESS(SINGLE USER)	1
TRAINRX	System Administrator Training (Pharmacy)	1
MSA-OPT-001	FLEXLOCK WITH TEMPHECK (50FT CABLE)	7
OSL24	24-Bin Sensing Drawer	1
MDA-FRM-002	2-CELL OMNIRX	1

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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
	OMNICENTER REMOTE ACCESS(SINGLE	
OCRA1	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
	OMNICELL DRAWER MODULE(SUPPLY	
OSD24	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

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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
OLL6	6-BIN LOCKING DRAWER	2

(b) ESTIMATED DOLLAR VALUE: \$203,683.44

(c) REQUIRED DELIVERY DATE: 10/1/2015 to 9/30/2016

(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.

The Fargo VA has Omnicell brand automated medication dispensing systems throughout the facility. A need has been identified to put these Omnicell products on a lease IAW V797D-30111 for 10/1/2015 to 9/30/2016. It is not in the best interest of the government to install automated medication dispensing systems other than Omnicell at Fargo VA due to the existing unique Omnicell software and Omnicell servers currently in place at this facility. Accordingly, Omnicell Corporation is the only firm capable of providing the supplies and services described in Paragraph 3 above without the Veteran's Health Administration experiencing substantial duplication of cost that could not be expected to be recovered through competition.

There are several types of automated medication dispensing cabinets available; however, only Omnicell equipment is compatible with the existing Omnicell cabinets and server. To have product from another vendor would require extensive training, an additional server(s), and create much confusion in working with multiple types of medication cabinets for users. Omnicell has proprietary software that is not compatible with any of the other vendors who also provide these types of systems.

(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 under schedule contracts to be fair and reasonable. Omnicell cabinets 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 GSA searches was conducted and it was determined that all required items were available on GSA FSS contract category 65IIA/A-92 which is a mandatory use category.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

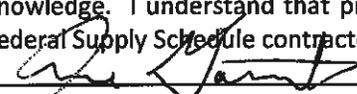
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Switching to a new pharmacy would be cost prohibitive as the entire network is standardizing on the Omnicell system.

(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:

In the event the Fargo VA replaces all of its automated medication dispensing machines, the new requirement will be solicited to all available vendors on GSA. When the lease ends a new solicitation will be posted to promote competition.

(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.



SIGNATURE DATE 9/22/2015
Anne K. Gossett Pharmacy Assoc. Chief Pharmacy Pharmacy
NAME TITLE SERVICE LINE/SECTION
Fargo VA
FACILITY

(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.

9/22/2015

CONTRACTING OFFICER'S SIGNATURE
Lance Haman - Contract Officer
NAME AND TITLE

DATE
NCO23 - Fargo
FACILITY

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

9/22/2015

SIGNATURE
Chris Volk
NCO23 Branch Chief

DATE