

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 596-16-1-051-0001 & 596-16-1-051-0002

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: OmniCell, Inc.

Manufacturer/Contractor POC & phone number: Paul Stanton, 847-596-3430

Mfgr/Contractor Address: 1201 Charleston Road, Mountain View, CA 94043-1337

Dealer/Rep address/phone number: _____

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network Contracting Office (NCO 9)

1639 Medical Center Parkway

Suite 400

Murfreesboro, TN 37129

09

VISN:

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

The Network Contracting Office 9 intends to award sole source to OmniCell, Inc. for automated dispensing units maintenance manufactured from OmniCell on VA FSS NAC V797D-30111.

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

OmniCell maintenance for automated dispensing units.

(b) ESTIMATED DOLLAR VALUE: \$33,850.80 base year; including options \$169,254.00

(c) REQUIRED DELIVERY DATE: October 1, 2015 thru September 30, 2016; with (4) one-year options thru September 30, 2020

(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.

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

IAW FAR 8.405-6(B), only one source is capable of providing the supplies or services required at the level of quality required because the supplies or services are unique and highly specialized. OmniCell is the manufacturer and sole provider of patented equipment used at the VA FSS NAC contract. No other vendors can furnish maintenance, software or upgrades for this equipment.

☐ 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 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:

Pricing has already been deemed fair and reasonable based on the established VA NAC contract.

(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 was conducted in IAW FAR 10. GSA elibrary, SBA, VetBiz and VA NAC with no relevant SDVOSB, VOSBS or registered small businesses were found.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The contractor, OmniCell currently provides the service for the Lexington VAMC through September 30, 2015. The current PO 596-C50328 was awarded sole source for maintenance on the automated dispensing units.

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

(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:

(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

NAME

TITLE

SERVICE LINE/SECTION

Lexington VA Medical Center
FACILITY

(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.

CONTRACTING OFFICER'S SIGNATURE

DATE

Weston Worsham, Supervisory Contracting Officer
NAME AND TITLE

NCO 9
FACILITY

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

SIGNATURE

DATE

Linda S. Greaves, NCO 09, Director of Contracting
NAME