

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 550-16-1-044-0003 – Peoria CBOC

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: ScriptPro USA, Inc.

Manufacturer/Contractor POC & phone number: Melissa Trammell, 913-384-1008

Mfgr/Contractor Address: 5828 Reeds Road, Mission, KS 66202-2740

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Bob Michael VA Outpatient Clinic

7717 N Orange Prairie Road

Peoria, IL 61615

VISN:

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

A limited source award for a base plus four option year order against a NAC contract V797P-4237B.

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

The pharmacy at the Bob Michael VA Outpatient Clinic requires service and support of VA owned ScriptPro Robotic Dispensing equipment. The computer and hardware combination receives prescriptions electronically from the VA computer system and via robotic arm mechanism receives, fills, labels and dispenses medication in vials. The automated robotic equipment is responsible for the filling of almost all outpatient prescriptions in Illiana and is the core of both Peoria and Danville pharmacies.

(b) ESTIMATED DOLLAR VALUE: \$162,992.39 over the course of five years.

(c) REQUIRED DELIVERY DATE: October 1, 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. (CHECK ALL THAT APPLY AND COMPLETE)

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☒ 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 equipment is manufactured by ScriptPro and only ScriptPro service technicians are authorized to diagnose, troubleshoot and repair the hardware and software. The equipment warranty expires September 30, 2015 so a service contract is required to maintain the hardware and software.

☒ 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.)
The hardware and software of the ScriptPro robotic dispensing units is proprietary requiring ScriptPro service technicians to diagnose, troubleshoot and repair the hardware and software and also to upgrade the software. The equipment warranty expires September 30, 2015 so a service contract is required to maintain the hardware and software.

☐ 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:

Placing the order for service and support of the ScriptPro equipment with ScriptPro is the best value because otherwise new equipment would have to be acquired along with service and support for the equipment. The equipment works well and is responsible for the majority of filling outpatient prescriptions. No cost savings would be realized by buying new equipment.

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

No research was conducted as the service and support is proprietary to ScriptPro.

(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:

None

(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

Delbert Siegmund

Chief

Pharmacy

NAME

TITLE

SERVICE LINE/SECTION

VA Illiana Health Care System

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.

Nikki L. Horther
173145

Digitally signed by Nikki L. Horther 173145
DN: dc=gov, dc=va, o=internal, ou=people,
0.9.2342.19200300.100.1.1=nikki.horther@va.gov,
cn=Nikki L. Horther 173145
Date: 2015.08.26 13:55:56 -0400

CONTRACTING OFFICER'S SIGNATURE

DATE

Nikki Horther, Contracting Officer

NCO 11

NAME AND TITLE

FACILITY

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

03-Sep-2015

SIGNATURE

Toni Waggoner-Boykin

DATE

NAME

NCO/PCO X Director of Contracting

HIGHER LEVEL APPROVAL (Required For orders over \$650,000):

c. **SAO:** I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

SIGNATURE

DATE

NAME

Director, SAO X