

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA263-16-AP-0275

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:

Manufacturer/Contractor: Omnicell, Inc.

Manufacturer/Contractor POC & phone number: 847-867-1820

Mfgr/Contractor Address: 1201 Charleston Rd.

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

St. Cloud

4801 Veterans Drive

St. Cloud, MN 56303

VISN:

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

Omnicell pharmaceutical equipment maintenance and software support.

(a) ESTIMATED DOLLAR VALUE: \$186,622.40

(b) REQUIRED DELIVERY DATE: 1/1/2016 – 12/31/2021

(3) 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.

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.

All pharmaceutical distribution is conducted via Omnicell manufactured systems. This equipment is proprietary to the manufacturer for all maintenance and support . No other vendor is authorized to maintain these systems to keep all warranties intact.

These are "direct replacements" parts/components for existing equipment.

(4) 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:

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

Omnicell will continue to be the only authorized maintenance provider on this system until a new pharmaceutical distribution system is needed and replaced.

(5) 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.

_____	<u>10/30/2015</u>
CONTRACTING OFFICER'S SIGNATURE	DATE
<u>Pamela Phillips</u>	<u>Black Hills Health Care System</u>
NAME	FACILITY

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

_____	<u>11/02/2015</u>
SIGNATURE	DATE
<u>Jonathan Allen</u>	
Branch Manager	