

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA249-16-AP-1131/596-16-1-950-0017/Telescopes and Support Equipment

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: Olympus America Inc./Medical systems Group

Manufacturer/Contractor POC & phone number: 1-800-848-9024

Mfgr/Contractor Address: 3500 Corporate PKWY

Dealer/Rep address/phone number: Center Valley PA 18034

☒ 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 PKWY, Suite 400

Murfreesboro, TN 37129

VISN 9

For/ VAMC Lexington, KY

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

This is an emergency Procurement for Telescopes and Support Equipment for the VAMC Lexington.

Due to the urgent need of the facility, no RFQ was Submitted.

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

Various Telescopes and Support Equipment

(b) ESTIMATED DOLLAR VALUE: \$302,390.25

(c) REQUIRED DELIVERY DATE: 12/02/2015

(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 Telescopes and Support Equipment being requested by the facility are proprietary in nature and can only be procured through Olympus America Inc.

☒ 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 Telescopes and Support Equipment request are proprietary in nature and can only be procured through Olympus America Inc.

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

The Telescopes and Support Equipment are replacement for existing Telescopes that have become worn through continuous usage by staff.

☒ 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 requested Telescopes and Support Equipment will be used to replace worn Telescopes of the same brand by the facility. Staff is already trained on use of the requested Telescopes. Replacing the worn Telescopes provides the staff with continuity of care for patients and decreases the possibility of error in procedures by staff.

☒ 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.

No previous procurement request for the Same equipment has been done under sole source or limited source procedures.

☒ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

This is an urgent requirement for Olympus Telescopes and Support Equipment for the VAMC Lexington. The unique Telescopes needed by Olympus are proprietary in nature and provides continuity of care with staff and patients. Any delay in procurement could have an adverse effect on patient care.

(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:

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Due to the urgent need of the facility, and the existing Olympus scopes presently being used by the staff, I believe this to be the best value. Additionally, Olympus America is a Large Business that holds a FSS Contract (V797P-2065D) that expires 12/31/2016. The price of the items have already been deemed Fair and Reasonable through GSA.

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

No solicitation was issued to other sources due to the urgent need of the facility.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Olympus has provided Telescopes and other proprietary support equipment to the VAMC in the past and their instruments have meet the needs of the facility. Additionally, in an effort to have continuity of care with staff and patients, it is imperative that this emergency procurement be awarded to Olympus America Inc.

(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:

No statement of actions have been taken to remove or overcome any barriers that led to the restricted consideration before any subsequent acquisitions for the supplies needed by the facility. This is an emergency request.

(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.)

Ronald P. Hurriگان Sr. 28 DEC 15
SIGNATURE DATE
RONALD P. HURRIGAN SR SUPV PROCTY SPECIALIST MGR
NAME TITLE
596 LOGISTICS
FACILITY SERVICE LINE/SECTION

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(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.

Monica Thompson
CONTRACTING OFFICER'S SIGNATURE

12/29/2015
DATE

Supervisor Contract Specialist
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

12/30/2016
DATE

for

Linda S. Greaves
NAME

NCO/PCO ☒ Director of Contracting

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