

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

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA248-16-AP-4505

The authority of this acquisition is under 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, are precluded for the reasons indicated below.

Restricted to the following source: ScriptPro USA, Inc.

Manufacturer/Contractor: ScriptPro USA, Inc.

Manufacturer/Contractor POC & phone number: Tammy Kelley 913-403-5939

Mfg. /Contractor Address: 5828 reeds road. Shawnee Mission, KS 66202

Dealer/Rep address/phone number: gsadmin@scriptpro.com

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

13800 Veterans Way, Orlando FL 32827

VISN: 8

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

Who: A limited source award to ScriptPro USA, Incorporated for base plus four option year periods against NAC contract V797P-4237B.

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

What: ScriptPro Robotic Prescription Dispensing System (SRPDS).

Where: The Pharmacies located at Orlando Lake Baldwin, Daytona Beach and Viera Out Patient Clinic require preventive maintenance and service repairs for the computer and hardware combination that receives prescriptions electronically from the VA computer system. The ScriptPro Robotic arm mechanisms receive, fills, labels, and dispense medication in vials. Orlando VA Medical Center currently has SRPDS in use at three locations. ScriptPro USA provides 24 hours telephone support 7 days per week. ScriptPro service department has three hours to respond to service calls and 24 hours to be on site. The SRPDS are leased from ScriptPro USA for Daytona OPC and maintenance support is required from the leasing contractor. Orlando Lake Baldwin and Viera equipment has been purchased and only requires maintenance support from the contractor.

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Why: ScriptPro does not authorize anyone other than ScriptPro trained technicians to repair or provide maintenance to their equipment. The warranty is void if the equipment or software is installed or modified by other than ScriptPro technicians.

(b) ESTIMATED DOLLAR VALUE [REDACTED] for base plus four-option years. Quote for Base year is [REDACTED]

(c) REQUIRED DELIVERY DATE: When: 04-01-2016 through 03-31-2017

(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.

ScriptPro manufactures the equipment and only ScriptPro service technicians are authorized to diagnose, troubleshoot and repair 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 systems are proprietary to ScriptPro service technicians to diagnose, troubleshoot, and repair hardware or software upgrade.

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.

Orlando currently has ScriptPro equipment in corporate Orlando. No other company can provide maintenance service for these equipment. The warranty is void if another company services them.

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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:

This procurement is the best value for the Orlando VAMC Pharmacies, because it provides service to maintain part of Pharmacy high cost equipment. The customer technical support plan includes: Software updates; hardware updates that fix a ScriptPro defined functionality problem; routine inspections and maintenance; 24 hour, 7 day per week, 800# Helpline for software, hardware, and user questions; On-site service technician dispatched within 24 hours if required (all costs included); and new hardware functionality offered as a fee-based service.

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

A survey of GSA, VetBiz and NAC was utilized to locate viable vendors for this requirement. The manufacturer, ScriptPro USA Incorporated does not sell or lease their products through distributors. In addition, the prescription dispensing system at our Daytona Out Patient Clinic is being leased through ScriptPro who does not allow other vendors to conduct maintenance and or support services.

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(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Price Reasonable: Price has not inflated since the current awarded contract on October 01, 2015 to support Orlando Lake Baldwin, Viera and Daytona OPC.

Current Contract: VA248-16-F-0005 / 675C60036. Period of performance is 10-01-2015 through 03-31-2016, total cost of [REDACTED]

New Contract for Base Period: [REDACTED]

(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.)*

[REDACTED SIGNATURE] 2/8/2016
SIGNATURE DATE
[REDACTED NAME] Biomedical Supervisor FMS
NAME TITLE SERVICE LINE/SECTION
Orlando 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*

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a. **CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[Redacted Signature]

CONTRACTING OFFICER'S SIGNATURE

April 04, 2016
DATE

[Redacted Name and Title]

NAME AND TITLE

Orlando Services Team
FACILITY

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

[Redacted Signature]

SIGNATURE

4/5/2016
DATE

[Redacted Name]
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.

[Redacted Signature]

SIGNATURE

DATE

[Redacted Name]
NAME
Director, SAO East

d. **VHA HCA REVIEW AND APPROVAL (over \$650,000 to \$12.5 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

NAME
VHA Head of Contracting Activity (HCA)

DATE