

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 644-16-2-201-0092

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: Omniceil, Inc.

Manufacturer/Contractor POC & phone number: Wendy Smith 951-653-2081

Mfg/Contractor Address: 1201 CHARLESTON ROAD, Mountain View, CA 94043-1337

Dealer/Rep address/phone number: Same

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

NCO18

VISN:

18

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

Software Upgrade to Existing Equipment. Without upgrade system will not be able to stay current with future Windows 7 software upgrades.

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

This is a Sole Source purchase of software. The manufacturer of the originally purchased equipment is the only source that makes the software upgrade for this equipment.

(b) ESTIMATED DOLLAR VALUE: \$165,669.00

(c) REQUIRED DELIVERY DATE: ASAP

(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.

☒ 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.)
This type of software is proprietary to the manufacturer of the existing equipment,

(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:

Reacquiring new equipment, while this equipment is completely functional, would result in thousands of dollars worth of expense and is not cost effective. As an example new equipment cost is \$22,000.00 compared to the upgrade price of \$6,000.00.

(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 report is contained in Contract File under P02.

(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:

The Contract Specialist believes that any time you have specialized medical equipment such as this, you will have similar barriers due to the complex technical differences of each manufacturer.

As computer operating systems change such as Vista, Windows 7, specialized medical equipment will have to be upgraded to work with these systems.

(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.)*

Dragan Milanovich R/L
SIGNATURE

4/29/16
DATE

DRAGAN MILANOVIĆ
NAME

ASSOCIATE CHIEF
PHARMACY - COR
TITLE

PHARMACY
SERVICE LINE/SECTION

644 - PHOENIX
FACILITY

(10) 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.

Douglas J. Crowley
Contracting Officer/ NCO18

04/28/2016
Date

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

Kelly M. Griego
Director of Contracting

04/28/2016
Date