

JUSTIFICATION FOR SINGLE SOURCE AWARDS IAW FAR 13.106-1
(OVER MICRO-PURCHASE THRESHOLD(\$3K) BUT NOT EXCEEDING THE SAT (\$150K))

IAW [FAR13.104](#), COs must promote competition to the maximum extent practicable to obtain supplies and services from the source whose offer is the most advantageous to the Government, considering the administrative cost of the purchase. When competition is not practicable, IAW [FAR13.106-1\(b\)](#), COs solicit from a single source for purchases not exceeding the simplified acquisition threshold. COs may solicit from one source if the CO determines that the circumstances of the contract action deem only one source reasonably available (e.g., urgency, exclusive licensing agreements, brand-name or industrial mobilization). IAW [FAR13.106-3\(b\)\(3\)](#), COs are required to include additional statements **explaining the absence of competition** (see [13.106-1](#) for brand name purchases) if only one source is solicited and the acquisition does not exceed the simplified acquisition threshold (does not apply to an acquisition of utility services available from only one source) or supporting the award decision if other than price-related factors were considered in selecting the supplier. This template when completed can be used to document single source awards IAW [FAR13.106-3\(b\)\(3\)](#). Note: Statements such as "only known source" or "only source which can meet the required delivery date" are inadequate to support a sole source purchase.

1. PURCHASE REQUEST OR REQUISITION NUMBER: 618-16-4-6954-0146	1A. PROJECT/TASK NUMBER 618-CSI-145	1B. ESTIMATED AMOUNT: \$4,000
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2. BRIEF DESCRIPTION OF SUPPLIES OR SERVICES REQUIRED AND THE INTENDED USE:
The Sole Source procurement of "Automatic Door Operators" with the **brand name, Stanley**. The project will include the installation of automatic door operators on doors into the catheterization laboratory procedure room, to allow easy transportation of patients on gurneys.

3. UNIQUE CHARACTERISTICS THAT LIMIT AVAILABILITY TO ONLY ONE SOURCE, WITH THE REASON NO OTHER SUPPLIES OR SERVICES CAN BE USED:

Our intent is to install new Automatic Door Operator(s) on existing door(s) in to the cardiac catheterization laboratory which are of the same brand and quality as the existing Stanley Automatic Door Operators in the medical center and at the medical center out-buildings. The medical center has over one-hundred, Stanley Automatic Door Operators installed on doors at the Minneapolis medical center. The medical center currently stocks parts for only the Stanley Automatic Door Operator. The medical center maintenance staff is trained to service Stanley Automatic Door Operators and maintain them in working condition. If a different brand name of Automatic Door Operators were introduced into the medical center, this would cause unnecessary confusion for maintenance staff. It would require the medical center to stock parts for different manufacturers and would mean additional inventory costs for the medical center.

4. REASON THAT SUGGESTED SOURCE IS THE ONLY SOURCE, WHICH CAN PROVIDE THE SUPPLIES OR SERVICES:
The stocking of an additional repair part in a different brand name would result in additional costs associated with it. This is due to additional labor costs related to ordering, stocking, and maintaining inventory control on the additional brand name.

5. DESCRIPTION OF MARKET RESEARCH CONDUCTED AND RESULTS OR STATEMENT WHY IT WAS NOT CONDUCTED:
Market research was conducted prior to making the decision to purchase the Stanly brand name. No further market research was conducted because no other Automatic Door Operator will meet the needs of our facility. The facility maintenance department currently maintains the Stanley Automatic Door Operators. Adding a new brand of Automatic Door Operators would require additional training for VA staff and added maintenance time to stock the additional parts for other brand names.

6. Contracting Officer's Certification: *Purchase is approved in accordance with FAR13.106-1(b). I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.*

Signature: _____

Date: _____

Name: _____

Title: _____

Facility: _____