

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.

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| 1. PURCHASE REQUEST OR REQUISITION NUMBER: 618-16-4-6954-0146 | 1A. PROJECT/TASK NO: 618-CSI-145 | 1B. ESTIMATED AMOUNT: \$5,000 |
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2. BRIEF DESCRIPTION OF SUPPLIES OR SERVICES REQUIRED AND THE INTENDED USE:

The Sole Source procurement of door locksets with the brand name of, **Schlage “L” series Mortised Door Locksets**. The items are included in a new firm-fixed price NRM contract to be awarded for construction. The purpose of the project is to prepare the site and replace the cardiac x-ray equipment at the Minneapolis VAMC.

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

The medical center has approximately 3,000 Schlage “L” Series mortised locksets installed in doors at the medical center with another 200-300 installed in doors in the out-buildings. Our intent is to install new locksets on the new doors in the operating rooms, that are the same brand and quality as the existing mortised locksets in the medical center and at the medical center out-buildings. The medical center currently stocks parts and extra locksets for only the Schlage “L” series mortised locks. The medical center locksmith is trained to service and maintain these locksets. If a different lockset were introduced into the medical center, it would cause confusion for maintenance staff and require the medical center to stock parts from multiple manufacturers at additional cost to the medical center.

4. REASON THAT SUGGESTED SOURCE IS THE ONLY SOURCE, WHICH CAN PROVIDE THE SUPPLIES OR SERVICES:

If a different lockset were introduced into the medical center, it would cause confusion for maintenance staff and require the medical center to stock parts from multiple manufacturers at additional cost to the medical center.

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 Schlage “L” series mortised locksets. No further market research was conducted because the Minneapolis VA has no intention of changing 3000 locksets. Therefore, no other locksets will meet the needs of our facility. The VA locksmith currently maintains the existing locksets. Adding a new brand of lockset would require additional training for VA staff, increase the maintenance time, and add more inventory costs due to stocking multiple brand named parts.

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: _____