

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID: VA770-16-AP-0489**

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: Brand Name Medical Surgical Supplies

Manufacturer/Contractor POC & phone number: \_\_\_\_\_

Mfgr/Contractor Address: \_\_\_\_\_

Dealer/Rep address/phone number: \_\_\_\_\_

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

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

CMOP Leavenworth

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\_\_\_\_\_

\_\_\_\_\_

**VISN:**

\_\_\_\_\_

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

Brand Name Medical Surgical Supplies

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

Lancet Accu-Check

Breath right Nasal Strips

One Touch Ultra Glucose Test Strips

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**(b) ESTIMATED DOLLAR VALUE:** ██████████ \_\_\_\_\_

**(c) REQUIRED DELIVERY DATE:** 20 July 2016

**(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.

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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.)

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

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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.

Accu Check Lancets are exclusive to the Accu Check Glucose System

The One Touch Ultra Test Strips are exclusive to the One Touch Ultra Glucose System

Breath Right Nasal Strips are Physician Prescribed

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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.

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Chapter VI: Other Than Full and Open Competition (OFOC) SOP  
Attachment 2: Request for Limited Sources Justification Format >\$150K

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

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**(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:**

N/A

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

Searched NAC Medical Surgical Supply web site and found no results

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**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

N/A

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**(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:**

There are no actions that can be taken to overcome since items are either doctor prescribed or an exclusive part of an overall proprietary system.

**(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.)*

Natalie K Johnson 200686464 Digitally signed by Natalie K Johnson 200686464  
 DN: dc=gov, dc=va, o=internal, ou=people,  
 0.9.2342.19200300.100.1.1=natalie.johnson@va.gov, cn=Natalie K  
 Johnson 200686464  
 Date: 2016.06.17 12:26:06 -05'00' June 17, 2016

<u>SIGNATURE</u>	<u>DATE</u>
<u>Natalie Johnson-VanderPol</u>	<u>Logistics Manager</u>
<u>NAME</u>	<u>TITLE</u>
<u>Leavenworth CMOP</u>	<u>CMOP/760</u>
<u>FACILITY</u>	<u>SERVICE LINE/SECTION</u>

**(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.

Julian S. Lake 387106 Digitally signed by Julian S. Lake 387106  
 DN: dc=gov, dc=va, o=internal, ou=people,  
 0.9.2342.19200300.100.1.1=julian.lake@va.gov, cn=Julian S. Lake  
 387106  
 Date: 2016.06.17 15:39:58 -05'00'

<u>Julian Lake</u>	<u>DATE</u>
<u>CONTRACTING OFFICER/DESIGNEE'S SIGNATURE</u>	<u>CMOP2</u>
<u>Contracting Officer</u>	<u>FACILITY</u>
<u>NAME AND TITLE</u>	

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

Christine L SCENA 346512 Digitally signed by Christine L SCENA 346512  
 DN: dc=gov, dc=va, o=internal, ou=people,  
 0.9.2342.19200300.100.1.1=christine.scena@va.gov, cn=Christine L SCENA 346512  
 Date: 2016.06.20 07:53:49 -05'00' 20 Jun 2016

<u>Christine L. Scena</u>	<u>DATE</u>
<u>NAME</u>	