

## JUSTIFICATION FOR OTHER THAN FULL AND OPEN COMPETITION DUE TO SOLE SOURCE REQUIREMENT

REQUIRED INFORMATION	
1.	FACILITY NUMBER-NAME- CITY, STATE: <b>636A6 – VA Central Iowa Health Care System – Des Moines, IA</b>
2.	VISN OR PROGRAM ACTIVITY: <b>23</b>
3.	POC NAME AND TELEPHONE NUMBER: <b>Richard Bahlmann, 515-699-5999 x4802</b>
4.	PROPOSED ACTION: Sole Source Procurement of <b>SERVICE</b>
5.	<p>DESCRIPTION OF REQUIREMENT: <b>Service contract for the Pulmonary Function Testing Unit</b></p> <ul style="list-style-type: none"> <li>Supplies/Equipment: Technical Characteristics can include, but are not limited to model, make, part number, color, size, quantity, delivery date, etc. Services: Refer to the statement of work, statement of objective, or performance work statement for your description.</li> </ul>
6.	<p>STATUTORY AUTHORITY PERMITTING OTHER THAN FULL AND OPEN COMPETITION: <b>Only One Responsible Source Available</b></p> <ul style="list-style-type: none"> <li>FAR 6.302-1 Only one responsible source and no other supplies or services will satisfy agency requirements</li> <li>FAR 8.405-6 Limited sources justification and approval</li> <li>FAR 13.106-1(B) SAP Requirements – Soliciting From a Single Source</li> <li>This is a reference to the part of the Federal Acquisition Regulation that allows an item to be purchased without being fully competed. This statement serves as a point of reference in case the justification is questioned. In this case, it would be reviewed for its relativity to this part of the Federal Acquisition Regulation.</li> </ul>
7.	<p>NATURE &amp; BACKGROUND OF ACQUISITION TO JUSTIFY SOLE SOURCE: <b>The Pulmonary Function Testing Unit is used by the Respiratory dept to perform pulmonary function testing for physicians to make accurate patient diagnoses for correct treatments. The absence of this device directly affects patient care. Carefusion is the original equipment manufacturer (OEM) and is the only authorized entity to repair this unit.</b></p> <ul style="list-style-type: none"> <li>Describe the minimum salient characteristics that will meet your needs. This is the area where you explain why no other vendor anywhere can supply this requirement for you. Acceptable reasons for "sole source" include (but are not limited to): bound by contract, technical order specification, warranty service, or regional standardization. If the reason for sole source is determined locally, offer what market research or clinical guidelines led to the decision. If this item is included in an allowance standard for War Reserve Materiel (WRM), cite the allowance standard, required source, and stock number for this item. NOTE FOR WRM PURCHASES: The Defense Logistics Agency is your primary source for WRM equipment. Be sure to determine availability from a DLA item manager before contracting for WRM equipment. If DLA cannot meet your timelines for WRM equipment, your urgency may be further justification for other than full and open competition. See your Medical Logistics Flight Commander for more details.</li> </ul>
8.	<p>PROVIDE INFORMATION SHOWING MARKET RESEARCH WAS CONDUCTED: <b>Carefusion Field Service Engineers (FSE) are factory trained and are the most familiar with the system to troubleshoot, order correct parts, and replace these parts, and have access to proprietary software. OEM parts must be used on this vital system.</b></p> <ul style="list-style-type: none"> <li>This justification is for why no other vendor anywhere can supply your item or service and still meet your needs. Your rationale for barring other vendors is crucial to your justification. If you already cited the statutory reason for a sole source, state, "See paragraph 7". If your rationale for a sole source purchase was determined locally, offer an explanation of the source selection process you went through to determine your sole source requirement. Unacceptable reasons include (but are not limited to) personal taste, good relationship with existing vendor, or one's comfort level with a particular vendor.</li> </ul>

9. PRICE ANALYSIS "FAIR AND REASONABLE":

10. LISTING OF SOURCES EXPRESSING INTEREST IN THIS REQUIREMENT: *Carefusion*

11. FUTURE ACTION TO OVERCOME BARRIER TO OTFOC: *None - Proprietary information*

- [illegible]

SIGNED BY \_\_\_\_\_

[illegible]

~~Wanted: Controlling~~

Dok

Signature: *Archie L. Davis*

NAME OF Promotional Supervisor

Date: *5/14/68*

**Note: Anything that is over 500K will need to strictly follow the SOP J&A Attachment.**