

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA263-16-AP-5261

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:

Manufacturer/Contractor:	<u>STRYKER SURGICAL</u>
Manufacturer/Contractor POC & phone number:	<u>LANE DANIELSEN, 844-795-4688</u>
Mfgr/Contractor Address:	<u>4100 E. Milham Avenue Kalamazoo, MI 49001</u>
Dealer/Rep address/phone number:	<u>N/A</u>

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

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
Network Contracting Office 23
Fargo Contracting Office
NCO 23

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:
VISN Biomed is requesting a firm fixed priced delivery order off contract V797D-40196 for additional and replacement Stryker power surgical tools to be used in the Orthopedics, Ear Nose & Throat, and Podiatry surgical departments at the Des Moines VA.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:
The Des Moines Orthopedics, Ear Nose & Throat, and Podiatry surgical departments currently utilize Stryker surgical power tools. This delivery order is for additional and replacement power surgery tools and items.

(b) ESTIMATED DOLLAR VALUE: \$504,000.00

(c) REQUIRED DELIVERY DATE: 09/02/2016

(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.

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

- Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.).

An initial purchase of Stryker surgical tools for the Orthopedics, Ear Nose & Throat, and Podiatry surgical departments in 2011 at the Des Moines VA was to initiate standardization. This standard was meant to reduce the turn-around time for SPS, allow surgeons to complete multiple daily procedures with same tools (to reduce error rate), negate compatibility issues with in place surgical power tools and reduce the overall patient safety risks. This procurement is to continue with the standardization set forth by the station. The items requested are manufactured by Stryker Surgical and are not available through distributors.

- A patent, copyright or proprietary data limits competition. The proprietary data is:

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

The Des Moines VA is requesting new and replacement power surgical tools for their Orthopedics, Ear Nose & Throat, and Podiatry surgical departments. The prospect of obtaining non-Stryker surgical power tools would represent a compatibility issue and lower the quality of patient care. Surgeons would need to train and become familiar with new tools, while SPS would need to establish new guidelines.

- 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.

The Stryker surgical power tools have coupling aspects that are manufacturer specific. Purchasing non-conforming surgical tool would require a coupling device to be compatible with onsite systems.

- 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.

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

(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:

The order represents the best value to the government as it will be made off GSA contract V797D-40196 and has previously been determined to be fair and reasonable. Therefore, ordering activities are not required to make a separate determination of fair and reasonable pricing IAW FAR 8.404(d).

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

Online searches of GSA revealed Stryker Surgical was the only vendor on schedule able to provide the requested items. Stryker sales department confirmed there are no small business distributors currently holding GSA contracts.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

(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:

NCO 23 will continuously monitor and reassess statements of standardization. If a department is replacing an entire suite of surgical power tools, a competitive procurement will be issued.

(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.)*

_____ SIGNATURE	_____ DATE
Angela Mulinix	VISN 23 Biomedical Engineer
NAME	TITLE
VISN 23	SERVICE LINE/SECTION
_____ 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.

Sarah Barnes Date
Contracting Officer – NCO 23

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

Scott Petrin Date
Branch/Division Chief – NCO 23