

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA251-16-AP-4620

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: Technical Communities, Inc.

Manufacturer/Contractor POC & phone number: Matt McMahon – (888)665-2765 x3706

Mfgr/Contractor Address: 1111 Bayhill Dr, Ste 400, San Bruno, CA 94066

Dealer/Rep address/phone number: SAME

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Saginaw VAMC

Surgery Department

1500 Weiss Street

Saginaw, MI 48602

VISN:

NCO 10

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

Limited source, firm-fixed priced procurement of one 120H Holmium laser for the treatment of kidney stone patients at the Saginaw VAMC location.

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

The Saginaw Surgery Services department is in need of one 120H Holmium laser that operates at 120H/6 Joules to facilitate stone retropulsion into the kidney and bladder to eliminate large stones with minimal bleeding, reduced anesthesia, and recovery time. The laser must be able to dust stones into a fine powder using settings of high frequency and low-pulse which eliminates need for aggressive surgical procedures.

(b) ESTIMATED DOLLAR VALUE: \$208,693.16

(c) REQUIRED DELIVERY DATE: 45 Days ARO

(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.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

Market research conducted via NAC MedSurg and GSA Advantage sites as well as RFI posting to FBO. Only one source has been located with the type of laser required by the Surgical Services department. Technical Communities, Inc. has the type of laser needed on NAC contract V797P-4410B. No other sources on contract or open market could be located through research efforts.

☐ 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.)

☐ These are “direct replacements” parts/components for existing equipment.

☐ 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 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:

Technical Communities, Inc. was the only source located with the type of laser required by the requesting service. No other systems or distributors offered quotes or specifications for review in response to market research efforts.

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

The NAC MedSurg and GSA Advantage websites were searched for available equipment and distributors. An RFI was issued to FBO with no responses received. XINTEC Corp, Universal Medical, Inc., Stark Medical, Inc. and Technical Communities, Inc. were contacted for availability of the equipment requested with Technical Communities, Inc. being the only positive response received. No other laser was offered as an equal to the Lumenis Holmium requested by the Surgical Services department.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

None.

(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:

The market will be searched for all future needs in an effort to locate other sources and equipment.

(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	09/07/2016 DATE	
Karen Martin NAME	Administrative Officer TITLE	Surgery Services SERVICE LINE/SECTION
Saginaw VAMC 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.

_____ CONTRACTING OFFICER/DESIGNEE'S SIGNATURE	09/07/2016 DATE
Calynda C Baines/Contracting Officer NAME AND TITLE	NCO 10 - Indianapolis FACILITY

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

_____ SIGNATURE	09/07/2016 DATE
James J. Hallock NAME	
NCO 10/Supervisory Contract Specialist	