

Limbs

1. Nature and/or Description of the Action Being Approved:

The J&A is to support the award of a contract or purchase order on a sole source basis for the purchase of a prosthetic limb component from a single source per medical determination of need.

2. Description of Supplies/Services Required to Meet the Agency's Needs:

Prosthetic limb components are specified by the clinical team to meet the unique and comprehensive needs of each Veteran with amputation.

3. Statutory Authority Permitting Other than Full and Open Competition: Include narrative for ONLY ONE item below.

Toggle check box selections to add or remove narrative text in 4 below.

- ☐ Urgent or compelling request for prosthetic appliance or sensory aid from an **FSS** Vendor per [FAR 8.405-6\(a\)\(1\)\(i\)\(A\)](#)
- ☐ Sole Source request for prosthetic appliance or sensory aid from an **FSS** Vendor per [FAR 8.405-6\(a\)\(1\)\(i\)\(B\)](#)
- ☒ Single Source (only one responsible source and no other supplies or services will satisfy the requested prosthetic item/sensory aid), per [FAR 13.106-1\(b\)\(1\)](#).
- ☐ Urgency (emergency request for prosthetic item/sensory aid where delay in the award would cause patient harm and there is medical justification to support the need) per [FAR 13.106-1\(b\)\(1\)](#).
- ☐ Exception to Fair Opportunity per [FAR 16.505\(b\)\(2\)\(i\)\(B\)](#). This language applies to, and is contained in, the National Contracts for Pacemaker/ICD/Implantable Loop Recorders awarded by the NAC.
- ☐ Title [38 U.S.C. 8123](#) and [41 U.S.C. 253\(c\)\(5\)](#) (Authorized or Required by Statute [FAR 6.302-5](#) and [VAAR 806.302-5\(b\)](#))

4. Demonstration that the Contractor's Unique Qualifications or Nature of the Procurement Requires the Use of the Authority Cited Above (Applicability of Authority):

The prescribed item will be purchased from the Vendor identified because they are able to meet the Veteran's immediate need. The item was prescribed by the Veteran's attending Physician who has the authority to prescribe the method of treatment to best satisfy the medical condition of his/her patient. The physician has determined this item as the best device to treat the patient's medical condition and functional limitations. Substituting another device other than that specifically prescribed is beyond the role, competency, and professional functions of the Contract Specialist and would be detrimental to the treatment of the Veteran patient.

5. Requirements Certification:

I certify that the requirement outlined in this justification is a Bona Fide Need and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge and belief.

Prescriber -or-
Requestor

Kimberly A. Langone 532578

Digitally signed by Kimberly A. Langone 532578
DN: dc=gov, dc=va, o=internal, ou=people,
0.9.2342.19200300.100.1.1=kimberly.langone2@va.gov, cn=Kimberly A.
Langone 532578
Date: 2016.01.26 08:41:07 -08'00'

Ready to Sign? Click here!

Print Form

Emergency eMail

6. Approvals in Accordance with VHA PM Volume Six, Chapter VI:

Contracting Officer's Certification (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and the order represents the best value to the government.

Contracting
Officer

Digitally signed by Keisha T. Carter 463244
DN: dc=gov, dc=va, o=internal, ou=people,
0.9.2342.19200300.100.1.1=keisha.carter@va.gov, cn=Keisha T. Carter 463244

Director of Contracting/Designee: I certify the justification meets requirements for other than full and open competition.

DoC -or-
Designee