

**LIMITED SOURCES JUSTIFICATION**  
**FAR PART 8.405-6**

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 Omnicell Inc.

Manufacturer/Contractor POC & phone number: Devon Fetterman 724-741-6746

Mfgr/Contractor Address: 500 Cranberry Woods Drive, Cranberry Township, PA 16066

Dealer/Rep address/phone number: Devin Fetterman, 724-741-6746

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

**(1) AGENCY AND CONTRACTING ACTIVITY:** Department of Veterans Affairs  
Veterans Health Administration  
Network Contracting Office 5, SAO East

**VISN:** 5 \_\_\_\_\_

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

This BPA is strictly for the purchase of Medical Storage Software, Maintenance, Support and Peripherals in support of the existing Omnicell Pharmaceuticals Distribution Systems.

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

This BPA is strictly for the purchase of Medical Storage Software, Maintenance, Support and Peripherals in support of the existing Omnicell Pharmaceuticals Distribution Systems within VISN 5. It is not for the procurement of new ADC systems or alternative Pharmaceutical Distribution Systems.

**(b) ESTIMATED DOLLAR VALUE:** \$4,125,420

**(c) REQUIRED DELIVERY DATE:** All orders shall be placed on or before September 15, 2021, assuming all four option years are exercised.

**(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.

This BPA is strictly for the purchase of Medical Storage Software, Maintenance, Support and Peripherals in support of the existing Omnicell Pharmaceuticals Distribution Systems within VISN 5. It is not for the procurement of new ADC systems or alternative Pharmaceutical Distribution Systems.

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Since Omnicell is a proprietary system, only the Original Equipment Manufacturer (OEM) can provide the Medical Storage Equipment, Software, Maintenance, Support and Peripherals that will interface with the existing Omnicell system. Since this BPA is only for the support of the existing Omnicell system, Omnicell is the only source which can furnish the requirements.

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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.)  
Omnicell automated medical dispensing cabinets and the related equipment and software required to use them are patented by Original Equipment Manufacturer (OEM) Omnicell Inc.

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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.

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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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☐ 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:**

This proposed BPA includes a discount off the already negotiated terms of FSS V797D-30111. GSA had already determined that the prices under this schedule contract were fair and reasonable, before any additional discounts are applied.

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

Market research was conducted for the subject commodities on the GSA Advantage schedules. Only one contractor, Omnicell Inc., was found to have the proprietary medical storage automation equipment and software required.

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

Not applicable.

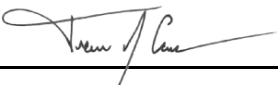
**(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:**

Before any subsequent acquisitions, Network Contracting Office 5 posted a sources sought notice

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on Federal Business Opportunities. Only OMNICELL responded.

**(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 9/15/2016  
Travis D. Cork PharmD Acting VISN 5 Pharmacy Executive  
NAME TITLE  
VISN 5  
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.

SALLY F FAMILTON 110328  
Digitally signed by SALLY F FAMILTON 110328  
DN: cn=Sally F. Familton, o=Department of Veterans Affairs, ou=VA, email=Sally.F.Familton@dva.mil, c=US  
Date: 2016.09.15 09:43:41 -0400  
\_\_\_\_\_  
CONTRACTING OFFICER'S SIGNATURE  
DATE  
Sally F. Familton, Contracting Officer NCO 5 – VAMC- Baltimore  
NAME AND TITLE 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  
DATE  
Scott Sands  
NAME  
NCO 5 Director of Contracting

**HIGHER LEVEL APPROVAL (Required For orders over \$650,000):**

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c. **SAO:** I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Joseph Maletta

NAME

Director, SAO E