

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA249-16-AP-8906

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: ScriptPro USA Inc.

Manufacturer/Contractor POC & phone number: Tammy Kelley 913-403-5939

Mfgr/Contractor Address: 5828 Reeds Rd. Shawnee Mission, KS 66202-2740

Dealer/Rep address/phone number: N/A

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network Contract Office 9

1639 Medical Center Pkwy

Suite 400

Murfreesboro, TN 37129

VISN:

SAOC

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

24/7 Support Services for the ScriptPro Medication Dispensing System. ScriptPro USA, Inc. is the only vendor that can service this complex system and provide the support coverage the TVHS VAMC requires. This system is used daily to dispense medication to Veterans. It is critical that the system be available at all times to ensure Veterans receive their medication a safe and timely manner.

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

The Engineering Department of TVHS VA Medical Center has a requirement for a vendor to provide 24/7 support services for the ScriptPro Medical Dispensing system, currently in use at the Medical Center. The vendor will provide full service remote/telephone software support for 1 base year with 4 one year options to renew.

(b) ESTIMATED DOLLAR VALUE: \$488,648.26

(c) REQUIRED DELIVERY DATE: Period of Performance (Base Period: 12/01/16-09/30/17), (Option 1: 10/01/17-09/30/18), (Option 2: 10/01/18-09/30/19), (Option 3: 10/01/19-09/30/20), (Option 4: 10/01/20-09/30/21).

(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.

The maintenance for the ScriptPro Equipment is being requested by the Huntington VA Medical Center. ScriptPro is manufacturer of the equipment that is being requested for maintenance. ScriptPro is the only one authorized to perform maintenance on its products. ScriptPro has no other agreements with vendors to service its products.

☐ 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.)
N/A

☐ These are "direct replacements" parts/components for existing equipment.
N/A

☐ 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.
N/A

☐ 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.
N/A

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.
N/A

(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. Since ScriptPro is the manufacturer of the equipment that is being requested for service. It is in the best interest of the Government to award to

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ScriptPro since no other vendors are allowed to perform maintenance on its products. ScriptPro is a mandatory source V797P-4237B. The Contracting Officer has reviewed the past acquisition history for the requirement. It has been determined that a review of the past purchase history provides the Contracting Officer with a basis to determine the price to be fair and reasonable. The price ScriptPRO USA, Inc. quoted for previous orders is in line with the current IGCE. The Contracting Officer determines the price quoted to be fair and reasonable.

(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 IAW FAR Part 10 with the recent ruling rendered by the Supreme Court of the United States, VetBiz was reviewed to identify all possible SDVOSB & VOSB concerns. Although sources were identified due to the proprietary nature of the equipment ScriptPro USA, Inc. is the only source capable of providing the requesting activity with the support coverage needed. ScriptPro is the only one authorized to perform maintenance on its products.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

N/A

(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:

N/A

(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.)*

Geminia Hopkins

SIGNATURE

Geminia Hopkins

NAME

TVHS VA Medical Center

FACILITY

Biomedical Engineer

TITLE

10/28/2016

DATE

Engineering Department

SERVICE LINE/SECTION

(10) APPROVALS IN ACCORDANCE WITH THE VHAPM, Volume 6, Chapter VI: OFOC SOP: *This part if filled out by Contracting Staff as part of the Justification*

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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	11/10/2016 _____ DATE
_____ Lori A Krohn, Contracting Officer	NCO 9 _____ 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	11/14/2016 _____ DATE
_____ Robert Kellner NCO 9 Division Chief	