

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA261-16-AP-4530

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: GENERAL ELECTRIC COMPANY

Manufacturer/Contractor POC & phone number: [REDACTED]

Mfgr/Contractor Address: 3000 N. Grandview Blvd. Waukesha, WI 53188

Dealer/Rep address/phone number: [REDACTED]

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

[REDACTED]

VISN: 21

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

A Sole Source Award under FAR (If FAR 8.405-6(a)(2) for annual maintenance contract for GE Medical Imaging / X-Ray Systems equipment located at the San Francisco VA Medical Center.

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

SFVAMC requires an annual maintenance contract for GE Medical Imaging / X-Ray Systems equipment. The complex proprietary imaging systems require maintenance availability 24/7 due to patient-care requirements, which currently GE is able to provide.

(b) ESTIMATED DOLLAR VALUE: [REDACTED]

(c) REQUIRED DELIVERY DATE: 12/01/2016

(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. (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.

Servicing of this equipment is covered by NAC contract V797P-6019B. This coverage is required due to the fact that proprietary parts and diagnostic information are only available to trained field technicians provided by the manufacturer.

☒ 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.)

This contract includes the maintenance of the following proprietary medical imaging equipment systems; GE CT DISCOVERY CT750 HD (CSPH01), GE XR DISCOVERY XR650 2-D (XRA606), GE CT LIGHTSPEED VCT (64 SLICE)(CSPG01), GE XR PRECISION 500D (XRF888), FORESIGHT IMAGING MV PR FORESIGHT IMAGING TIMS DICOM SYSTEM (STI001), GE XR DISCOVERY XR656 2-D (XRA612) Mobile) (Pkwr02), GE NM Infinia - With Hawkeye (Nmh821)

☐ 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:

Prices for this service have been pre-negotiated by the NAC and are consistent with previous contract issued by this office.

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

This requirement is for an annual service of equipment. The service is included in the NAC contract which has been used in previous years. No additional market research was conducted.

(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:

Although market research is ongoing for other imaging solutions that may allow for competitive procurements for maintenance requirements, due to the warranty requirements of the current equipment only the GE provided service technicians will meet the needs for this requirement.

(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

NAME

TITLE

SERVICE LINE/SECTION

FACILITY

(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*

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

DATE



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

NAME

