

Attachment 1: Request for Limited Sources Memo Format

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 503-12-3-225-0147 (INSERT)

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: CARE FUSION SOLUTIONS, LLC

Manufacturer/Contractor POC & phone number: JASON RUSNIK 412-266-5172

Mfgr/Contractor Address: 3750 TORREY VIEW COURT SAN DIEGO, CALIFORNIA 92130

Dealer/Rep address/phone number: _____

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

ALTOONA, PA

VISN:

4

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

PURCHASE OF ALARIS PC UNITS. RFQ WAS PLACED ON E-BUY TO 22 VENDORS AND ONE QUOTE WAS RECEIVED

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

(b) ESTIMATED DOLLAR VALUE: \$287,751.46

(c) REQUIRED DELIVERY DATE: 6 TO 8 WEEKS

(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)

X ☐ 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 request for Alaris IV pumps is to replace the existing Alaris IV pumps that are 15 years old. The pumps need replaced because can no longer purchase replacement parts and pumps are now antiquated. The staff is familiar with the Alaris brand pumps therefore education would not be as comprehensive as with another brand. Alaris pumps are reliable and nursing trusts the pumps accuracy. The reason for the bulk purchase is to standardize the IV pumps throughout the medical center.

☐ 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:

The Alaris IV pump is the product that the facility already uses and this system has lasted beyond its life expectancy. The only reason the facility is asking for replacement IV pumps is because you can no longer obtain parts for this older Alaris pump. The Alaris brand is trusted by the staff that use them and by the staff that repair and troubleshoot the pump. Care Fusion Alaris is the only company to offer integrated PCA pump capability and protection.

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

Service chief reviewed Baxter infusion pump system with the nurse managers. This system would not work for the facility because each pump used had to have a separate IV holder and there is no facility space for that system. The pumps were small and fragile and did not have safety system that was adequate. It was mutually decided that would rather use older alaris IV pumps and wait instead of purchasing these pumps. In addition the Baxter pump has no PCA functionality. It was only a single channel device and not acceptable for higher acuity patients.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The alaris pump newer technology has a base brain that controls all other attaching pumps. The facility can expand services by purchasing a PCA pump to attach to the brain to provide better pain control for our veteran in severe pain or at the end of life. The brain and all connections are on the same base which is space efficient. The alaris system requires only one education for staff and one set of parts for Bio med.

(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:

None

(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 FAR 8.405-6(d):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Jennifer L Hoover
CONTRACTING OFFICER'S SIGNATURE

05/07/2012
DATE

Jennifer L Hoover
NAME AND TITLE

Altoona VA Medical Center
FACILITY

c. NCM/PCM/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[Signature]
SIGNATURE

7 May 12
DATE

SHAWN E SMITH
NAME
VISN X NCM/PCM

HIGHER LEVEL APPROVAL (Required For orders over \$500,000):

e. 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

NAME
DIRECTOR, SAO X

f. VHA HCA REVIEW AND APPROVAL (over \$500,000 to \$10 million): I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

NAME
Chief Procurement and Logistics Officer
VHA Head of Contracting Activity (HCA)

DATE

SOP Other Than Full and Open Competition
Original Date (3/22/2011)