

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 #:** 618-17-3-6065-0032 **(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: ScriptPro

Manufacturer/Contractor POC & phone number: 913-403-5451

Mfgr/Contractor Address: 5828 Reeds Road, Mission KS 66202

Dealer/Rep address/phone number: www.scriptpro.com

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

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

VA Midwest Healthcare Network

**VISN:**

23

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

Support Contract for all ScriptPro equipment found in VISN 23 Medical Centers. ScriptPro equipment is robotic prescription dispensing systems and pharmacy integration systems. The Period of Performance is April 1, 2017 through March 31, 2018 at all sites.

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

Veterans Integrated Service Network 23 requires a contract for the maintenance and service of all ScriptPro Pharmacy equipment located in the network. This is a request for a VISN-wide service agreement on ScriptPro equipment. This service contract must provide help desk support to address questions and problems with the system, on-site service repair, software updates, remote service, and ongoing interface maintenance

(b) ESTIMATED DOLLAR VALUE: \$480,055.68

(c) REQUIRED DELIVERY DATE: 4/1/2017

**(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.  
ScriptPro USA, Inc. is the proprietary manufacturer of this equipment and is the only source who is able to meet all of the specific requirements/characteristics for servicing/maintaining it.

☐ 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.

This is for a support contract 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.

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**(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:**

Supplies offered off the GSA schedule are listed at fixed prices. GSA has already determined the prices of supplies. Therefore, VISN 23 is not required to make a separate determination of fair and reasonable pricing, except for a price evaluation as required by 8.405-2(d). By placing an order against a schedule contract using the procedures in 8.405, VISN 23 has concluded that the order represents the best value and results in the lowest overall cost alternative (considering price, special features, administrative costs, etc.) to meet the Government's needs.

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

The maintenance required is on a system in which the manufacturer is the only source for maintenance.

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

All VISN 23 Pharmacy Service facilities utilize ScriptPro for outpatient prescription filling automation. The only authorized company to support our equipment.

**(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:**

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**(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.)*

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SIGNATURE

Angela Mulinix

NAME

VISN 23

FACILITY

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DATE

Biomedical Engineer

TITLE

VISN 23/ Biomedical Engineering

SERVICE LINE/SECTION

**(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.

_____	03/02/2017
CONTRACTING OFFICER'S SIGNATURE	DATE
Donald R. Gilbert	Black Hills
NAME AND TITLE	FACILITY