

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA249-17-AP-2741

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: Nellcor Puritan Bennett Inc. dba Covidien

Manufacturer/Contractor POC & phone number: Kevin Parke 859-893-2293

Mfgr/Contractor Address: 15 Hampshire Street, Mansfield, MA 02048

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 Contracting Office

1639 Medical Center Pkwy

Suite 400

Murfreesboro, TN 37129

VISN:

SAOC

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

Puritan Bennett 980 Ventilators are being requested, because the current 840 Ventilators at the Lexington VA Medical Center are approaching its life span and a few ventilators are not functioning at all. It is critical that these ventilators be in place as soon as possible to prevent the hospital from being without any functional ventilators for the care of the Veterans.

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

A onetime purchase of 14 Puritan Bennett 980 Ventilators to replace the current 840 Ventilators at the end of their life span.

(b) ESTIMATED DOLLAR VALUE: \$621,530.00

(c) REQUIRED DELIVERY DATE: 05/15/2017

(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)

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☒ 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.

Covidien is the manufacturer of the items that are being requested for the Memphis VA Medical Center. Covidien is the only one that is authorized to sell the requested items. Covidien has provided documentation they are in fact the only vendor authorized to sell the products. The Puritan Bennett 980 ventilator is the only ventilator that is compliant with IEC 80601-2-12, which allows for cleaning of entire gas pathway in the event of exposure to highly contagious pathogens. The PB 980 is the only one with this technology. Also The PB 980 is the only ventilator on the market with smart technology such as PAV and Leak Sync software. This software compensates for leaks of up to 65cmH2O allowing the patient to continue to breathe comfortably while still alerting the therapist. The monitoring system in the ICU and PCU and hardware communication boxes are already set-up to comply with Puritan Bennett systems. The Puritan Bennett ventilators are the only ventilators complaint with Vista and Phillips Monitors currently in use at the VA. If another ventilator were to be select the cost to train the Physicians and staff would be substantial. Lastly, the cost to replace the existing monitoring systems and hardware communication boxes would also be a substantial cost.

☐ 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:

This order represents the best value to the Government. Since Covidien is the manufacturer of the items that are being requested. It is in the best interest of the Government to award to Covidien since no other vendors are allowed to sell the requested items. The Contracting Officer has reviewed the market research and similar purchase history and this provides the Contracting Officer with a basis to determine the price to be fair and reasonable. Also the quote is in line with 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 products requested Covidien is the only source capable of providing the requesting activity with items that are needed. Since Covidien is the manufacturer of these products, the contract will be a sole source award to them.

(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.)*

Minta Nicole Gray

01/27/2017

SIGNATURE

DATE

Minta Nicole Gray

Respiratory Therapist

Respiratory Department

NAME

TITLE

SERVICE LINE/SECTION

Lexington VA Medical Center

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*

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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 SIGNATURE	3/20/2017 _____ DATE
Monica Thompson, Branch Chief Supply West _____ NAME AND TITLE	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	_____ DATE
_____ NCO 9 Division Chief	