

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA263-16-AP-2628

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: **ArjoHuntleigh Arjo-Century Distributing, Inc.**

Manufacturer/Contractor POC & phone number: MYLETHEA METCALF **Phone: (708)786-5190**

Mfgr/Contractor Address: **2349 WEST LAKE STREET, ADDISON, IL 60101**

Dealer/Rep address/phone number: **Arjo Century Distributing, 25967 Conifer RD, CONIFER, CO, 80433-9042, POC: Wayne Ward Phone: 303-674-3518 ext 107 (FACTORY AUTHORIZED INSTALLATION)**

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Fargo VA Health Care System

2101 Elm Street North

Fargo, ND 58102

VISN:

23

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

1. *The Fargo VA Medical Center (VAMC) requires ArjoHuntleigh Patient Ceiling Lifts and Factory Certified Installation (Currently only provided by Arjo-Century Distributing) and Training to provide safe patient handling in the facilities Community Living Center addition, now under construction. A firm fixed priced delivery order will be placed with ArjoHuntleigh to meet this requirement.*

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

1. *The Fargo VA Medical Center (VAMC) has a requirement to for ArjoHuntleigh Maxi Sky patient ceiling lifts, slings, Kwiktrack, steelwork and the installation thereof for the new Community Living Center Addition.*

Item #	Description/Part Number*	Qty
MLA2000-S	General Purpose sling with head support-Small	2
MLA2000A-M	General Purpose sling with head support-Medium	4
MLA2000A-L	General Purpose sling with head support-Large	13
MLA2000A-XL	General Purpose sling with head support-XL	14
MLA2000XXL	General Purpose sling with head support-XXL	4

MLA4031-M	Toilet sling with head support-Medium	4
MLA4031-L	Toilet sling with head support-Large	4
MLA4031-XL	Toilet sling with head support-XL	4
MLA7000-S	Hammock/Amputee sling with head support-Small	2
MLA7000-M	Hammock/Amputee sling with head support-Medium	1
MLA7000-L	Hammock/Amputee sling with head support-Large	2
MLA7000-XL	Hammock/Amputee sling with head support-XL	2
MAA8000A-M	Bariatric Medium STD: padded loop sling	1
MAA8000A-L	Bariatric Large STD: padded loop sling	1
MAA8000-XL	Bariatric X-Large STD; padded loop sling	1
MAA7000R-GB	Maxi transfer sheet-Regular	22
MAA7000W	Maxi transfer sheet-Wide	6
VIG11004-L1	Bariatric repositioning loop:reusable	2
MAA5000-M	Medium walking vest	1
MAA5000-L	Large walking vest	1
MAA5000-XL	XL walking vest	1
MAA5000-XXL	XXL walking vest	1
VIG11002-L1	Limb sling-bariatric loop reusable	4
VIG11003-L1	Slings: reusable turning	10
TSS.500	SARA 3000 Small Deluxe comfort sling	1
TSS.501	SARA 3000 Medium deluxe comfort sling	3
TSS.502	SARA 3000 Large deluxe comfort sling	4
TSS.503	SARA 3000 XL deluxe comfort sling	4
TSS.504	SARA 3000 XXL deluxe comfort sling	1

Item #	Description/Part Number*	Qty
1	MS110-01-01- MS2 4F Standard Charge Motor	1
2	700-19415 - Manual Loop 2PT Hangerbar	20
3	700.05495.33 - 2PT Hangerbar	14
4	403.10500- MaxiSky Batteries	28
5	200.12810 - 3 Meter, 90MM Kwiktrak	14
6	200.12870 - 4.5 Meter, 140MM Kwiktrak	33
7	MS000-01-01 - MS2 2F ECS Motor Reg Handcontrol	19
8	200.12815 - 4 Meter, 90MM Kwiktrak	38

Brief Description of Service*	Period of Performance
Hardware Phase 1	
Installation Phase 1	
Hardware Phase 2	
Installation Phase 2	
Hardware Phase 3	
Installation Phase 3	

(b) ESTIMATED DOLLAR VALUE: \$263,325.32

(c) REQUIRED DELIVERY DATE: Phased, Beginning in March of 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.

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.

Factory Certified Installation, required by VA Safety Policy and other life safety codes, is only available from one source. Patient Lifts allow operation by small stature or lone staff to ensure safe patient handling. The requirement includes provision of new patient lifts with all associated hardware and installation, installation of VA furnished patient lifts to include new structural support hardware, and de-installation and relocation of existing VA owned patient lifts on new structural support hardware. VA Patient Safety Alert AL 14-07 Policy requires all lifts to be certified by the manufacturer's representative upon completion of installation.

The requirement is for ArjoHuntleigh Maxi Sky Ceiling lifts with all related accessories and installation by Arjo Century Distributing, the only factory authorized installer in the region, to ensure consistency with the currently implemented ceiling lifts throughout the Fargo VAMC. There are currently 37 Arjo lifts in the Fargo VA facility. This brand is approved for standardization by the Fargo VA HCS patient safe handling advocates and allows for a rotating staff and floaters from other departments to use this equipment without any additional training. Additionally, the facilities Preventative Maintenance Program is currently designed around this make and model of Patient Lift. (Patient Safety Alert AL 14-07 outlines the corrective and preventive maintenance checklist for ceiling mounted patient lifts.) In turn this will continue to promote low patient and staff injury incidents, and minimize financial risks to the Government from implementing new hardware.

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.

Existing Systems in use in the facility, thus a sole source procurement will prevent the Government from incurring additional costs and liabilities related to Staff Familiarization and specialized Preventative Maintenance and repairs.

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:

ArjoHuntleigh is offering this solution via their GSA schedule which has been determined to be fairly priced. Additionally they have successfully installed existing patient lift systems at the Fargo VA in the past.

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

FBO. GSA. RFI VA263-17-N-0271 was posted to FBO looking for vendors that sell hammocks and slings. 5 vendors responded however it was later found out that ArjoCentury is the exclusive distributor for Arjo Huntleigh Inc particularly in the ND territory.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The Fargo VAHCS is utilizing 14 excess lifts from another facility to meet part of the overall need. This effort has saved the VA Approximately \$31,000 in initial equipment costs, while also achieving an improvement in sustainability through reutilization. In order to make use of the excess equipment, the factory certified installation must be obtained from this vendor.

(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:

When the VA Medical Center replaced its lifts, it will provide competition by accepting offers that are capable of meeting the Government requirements.

(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
Debra Stoa
NAME
Registered Nurse
TITLE
ADPC-Safe Patient Handling
SERVICE LINE/SECTION
3/10/17
DATE

 Fargo VA Health Care System
FACILITY

(10) APPROVALS IN ACCORDANCE WITH THE [VHAPM, Volume 6, Chapter VI: OFOC SOP](#):

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'S SIGNATURE
Lance Haman – Contract Officer
NAME AND TITLE
3/10/2017
DATE

 Fargo VA
FACILITY

b. Director of Contracting/DESIGNEE: I certify that the foregoing justification is accurate and complete 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

SIGNATURE
Scott Petrin – Division Chief
NAME AND TITLE

DATE