

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID: VA247-17-AP-6464 - 521-17-3-201-6329**

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: AVKARE, Inc.

**V797P-4076B**

Manufacturer/Contractor POC & phone number: Deda McCown [dmccown@avkare.com](mailto:dmccown@avkare.com) 931-292-6222

Mfgr/Contractor Address: 615 North 1<sup>st</sup> Street

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

Birmingham Medical Center

**VISN:**

7

**(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:** This is a Justification for Other Than Full and Open Competition for an Emergency Commodity Requirement of products needed for the Birmingham OR. This is a new one time requirement and will be a Firm-Fixed-Price contract.

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

This is an emergency requirement and delivery is need ASAP but no later than 31 May 2017

|                            |   |
|----------------------------|---|
| Allograft, Micronized, Inj | Quantity of 50 at unit price of \$2,334.00 - total \$116,700.00 |
| EpiFix 5X6cm               | Quantity of 20 at unit price of \$2,995.00 – total \$59,900.00  |
| EpiFix 4X4cm               | Quantity of 10 at unit price of \$2,595.00 – total \$25,950.00  |
| EpiFix 2X3cm               | Quantity of 10 at unit price of \$1,144.00 – total \$11,440.00  |
| EpiFix 16mm disk           | Quantity of 10 at unit price of \$895.00 – total \$8,950.00     |
| EpiFix Micronized 100mg    | Quantity of 10 at unit price of \$1,625.00 – total \$16,250.00  |
| EpiFix Micronized 40mg     | Quantity of 10 at unit price of \$725.00 – total \$7,250.00     |

**(b) ESTIMATED DOLLAR VALUE: \$246,440.00.**

**(c) REQUIRED DELIVERY DATE: 8 May 17**

**(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.

☐ 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.

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☐ 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.

These critical supplies are needed urgently for OR operations due to a failure to maintain sufficient inventories.

**(4) 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:**

Due to the emergency status of the request and specific nature of the task required the requested vendor is the only option.

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

This is an urgent request for equipment for the OR to include Allograft micronized, Inj and Epifix equipment. A SDVOSB has been located for this requirement and it is anticipated that this urgent requirement will be awarded to AvKare, Inc a SDVOSB. Schedule contract number is V797P-4076B



Chapter VI: Other Than Full and Open Competition (OFOC) SOP  
Attachment 2: Request for Limited Sources Justification Format >\$150K

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

Due to the urgencies of this requirement this action will be sole sourced. A SDVOSB has been located for this requirement and it is anticipated that this urgent requirement will be awarded to AvKare, Inc a SDVOSB. Schedule Contract number V797P-4076B.

**(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:**

At the present time no other efforts are available to increase competition.

**(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  
Joy E. Pugh  
NAME  
\_\_\_\_\_  
Chief Logistics Officer  
TITLE  
\_\_\_\_\_  
Logistics Service  
SERVICE LINE/SECTION  
\_\_\_\_\_  
Birmingham VA Medical Center  
FACILITY  
\_\_\_\_\_  
5/5/17  
DATE

**(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.

**Connie F.**

**Ganier 376227**

CONTRACTING OFFICER/DESIGNEE'S SIGNATURE

**Connie Ganier Contracting Officer**

NAME AND TITLE

Digitally signed by Connie F. Ganier 376227  
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0.9.2342.19200300.100.1.1=connie.ganier@  
va.gov, cn=Connie F. Ganier 376227  
Date: 2017.05.08 09:42:49 -05'00'

**5/8/2017**

DATE

**Bham VA Med Ctr**

FACILITY

**Maureen L.  
Maciejewski  
211651**

**b. Director of Contracting/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

**Calvin Thomas Jr., Deputy DoC**

OFOC SOP Revision 05

Original Date: 03/22/11

Revision 05 Date: 05/02/2016

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Digitally signed by Maureen L.  
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