

**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: Trinity Video Communications, Inc.

Manufacturer/Contractor POC & phone number: 502-240-6100

Mfgr/Contractor Address: 11003 Bluegrass Pkwy Ste 600 Louisville, KY 40299-2395

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 9

1639 Medical Center Pkwy

Suite 400

Murfreesboro, TN 37129

**VISN:**

SAOC

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

An Emergency Command Center

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

The Lexington VA Medical Center is requesting a onetime installation of an emergency command center.

**(b) ESTIMATED DOLLAR VALUE: \$216,808.22**

**(c) REQUIRED DELIVERY DATE: 06/30/2017**

**(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.

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N/A

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☐ 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

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☐ These are “direct replacements” parts/components for existing equipment.  
N/A

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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.  
N/A

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☐ 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

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☒ An urgent and compelling need exists, and following the ordering procedures would result in  
unacceptable delays.  
IAW FAR 805-6 (a)(1)(i)(A) this procurement will be awarded on a sole source basis. The requested  
installation of an emergency command center is critical to continuing support of the Veterans patients.  
The emergency command center communicates to all departments at the Lexington VA Medical Center.  
This procurement represents an urgent and compelling need and 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:**

This order represents the best value to the Government. The pricing has already been determined fair  
and reasonable when the original FSS contract was awarded. Previous Market Research has been  
research and similar purchase history provides the Contracting Officer with a basis to determine the  
price to be fair and reasonable. Also the quote is in line with IGCE.

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

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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 Urgent and Compelling need of this requirement no other source are a capable of meeting the Emergency requirement. This requirement is essential to continuing support for the Veteran patients.

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

N/A

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**(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

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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.)*

Ronald P. Hurrigan, Sr. 05/25/2017

SIGNATURE

DATE

Ronald P. Hurrigan, Sr.

Supervisor Property Specialist Manager

Logistic 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*

**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/DESIGNEE'S SIGNATURE

05/25/2017

DATE

Monica Thompson

NCO 9

NAME AND TITLE

FACILITY

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

\_\_\_\_\_  
SIGNATURE

05/25/2017

DATE

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Robert Kellner  
NCO 9 Division Chief