

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID:** VA69D-17-AP-5660

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:** Motor Coach Industries, Inc.

Manufacturer/Contractor: Motor Coach Industries, Inc.

Manufacturer/Contractor POC & phone number: Tom Wagner, 847-285-2107

Mfgr/Contractor Address: 200 E Oakton St, Des Plaines, IL 60018

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  
Great Lakes Acquisition Center (GLAC)  
115 S 84th St, Suite 101  
Milwaukee, WI 53214-1476

**VISN:**

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

Coach Bus

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

The Oscar G. Johnson VAMC requires a coach bus to transfer patients to and from the Oscar G. Johnson VAMC located in Iron Mountain, MI and the Clement J. Zablocki VAMC located in Milwaukee, WI.

**(b) ESTIMATED DOLLAR VALUE:** \$555,130.00

**(c) REQUIRED DELIVERY DATE:** 270 Days ARO

**(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.)

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- ☒ These are “direct replacements” parts/components for existing equipment.  
The facility’s existing bus has had over \$20,000.00 in repairs in the past few months and has accrued over 356,625 miles total.
- ☐ 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.

**(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:**

The Non-Manufacturer Rule allows a firm that is not a manufacturer to qualify as a small business on a supply contract set-aside for small business if it supplies the product of a small business made in the United States (15 USC § 637(a)(17); 13 CFR § 121.406). A Class Waiver for the SBA Office of Contracting Non-Manufacturer Rule is required because the IGCE (\$555,130.00) exceeds the current threshold of \$150,000.00 and Motor Coach Industries, Inc. (MCI, manufacturer) is not registered as a small business with the Small Business Administration. A Class Waiver for the Non-Manufacturer Rule does not exist for the NAICS, NAICS Description, and FSC code combination (336211, Motor Vehicle Body Manufacturing, 2310) according to the SBA’s Class Waiver list dated January 1, 2015. Therefore, a set-aside cannot be made, including set-asides for Veteran-Owned Small Businesses (VOSBs) and Service-Disabled Veteran-Owned Small Businesses (SDVOSB).

This purchase represents the best value for the Government because of Veterans’ and patients’ needs to

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

A Sources Sought was posted to the Open Market for a period of seven (7) days which produced one response (which was from the manufacturer, MCI). MCI indicates that its products are on an existing GSA contract (GS-30F-DA0022) which is found to be fair and reasonable. MCI is also offering a substantial trade-in discount of \$127,700.00.

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

**(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:**

Request a Non-Manufacturer Rule Class Waiver be granted for the appropriate NAICS, NAICS Description, and FSC code combination (336211, Motor Vehicle Body Manufacturing, 2310)

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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.)*

<hr/> SIGNATURE	<hr/> DATE	
<u>Dan Dahlgren</u>	<u>Transportation Assistant</u>	<u>Engineering</u>
NAME	TITLE	SERVICE LINE/SECTION
<u>Oscar G. Johnson VA Medical Center</u>		
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.

<hr/> CONTRACTING OFFICER/DESIGNEE'S SIGNATURE	<hr/> DATE
<u>Jim Hedman, Contracting Officer</u>	<u>Great Lakes Acquisition Center</u>
NAME AND TITLE	FACILITY

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

<hr/> SIGNATURE	<hr/> DATE
<u>Alea Barnes</u>	
NAME	
NCO/PCO 12 Director of Contracting/DESIGNEE	