

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA260-17-AP-5427

This acquisition is conducted under the authority of the Multiple Award Schedule Program. This is for the creation of a multi-award five year VISN-20 BPA for ZOLL AEDs. The BPA will be set-aside for SDVOSBs and would allow five different medical facilities to replace their current ZOLL AEDs as they expire. Over the next five years over 300 AEDs will be needed. The equipment required is listed in para. 3.

Restricted to the following source:

Manufacturer/Contractor: Zoll Medical Corporations

Manufacturer/Contractor POC & phone number: Joe Tennyson - 978-421-9315

Mfgr/Contractor Address: 269 Mill Rd, Chelmsford, MA 01824 USA

Dealer/Rep address/phone number: After Action Medical and MJL Enterprises – Both SDVOSBs

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs
NCO-20

VISN: 20

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

Due to the recurring ordering of Automated External Defibrillators (AED) at many facilities within VISN 20, there is a need for a VISN wide BPA. In accordance with FAR 8.405-3(c)(2) and 8405-3(d), this will be a five-year multi-award BPA to SDVOSBs against their VA NAC contracts. Over the next five years, six facilities will need roughly 304 replacement AEDs.

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

ZOLL AED Plus Defibrillator and AED Wall Mounted Storage with Alarm

(b) ESTIMATED DOLLAR VALUE: \$380,000.00

(c) REQUIRED DELIVERY DATE: POP: 10/01/2017 to 09/30/2022

(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.

Rational/explanation to support cited authority:

The Department of Veteran Affairs is seeking to restrict competition to Brand Name. The model Automated External Defibrillator (AED) is in use by six VA Medical Centers is the ZOLL AED. Because these units were not all ordered at the same time the units vary in their expiration dates. These units are replaced as they expire. The need for standardizing the AEDs is critical, as different model AEDs have slightly different operating procedures. A mixture of different model AEDs in a facility increases the risk of user error and in turn increases the risk to patient safety. To ensure that this situation does not happen, we are seeking a Brand Name limitation. The following facilities need this specific model of Automated External Defibrillator (AED):

Boise VAMC

Roseburg VAMC

Jonathan M. Wainwright Memorial VA Hospital (Walla Walla)

Portland VAMC

American Lake VAMC

Seattle VAMC

(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:

Limiting this order to Brand name is of best value to the government for the reasons stated above, that is in decreasing risk to patient safety.

(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 which verified there are other makers of AEDs, however each type has slightly different operating requirements. A sources sought was posted on Ebuy to all SDVOSB/VOSB schedule holders in SIN A59 (Defibrillators), with two schedule holders stating they could provide for this requirement.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION: NONE.

(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:

None are necessary.

(9) 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/DESIGNEE'S SIGNATURE	06/05/2017 _____ DATE
Robert Hamilton _____ NAME AND TITLE	NCO-20 _____ FACILITY

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

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

SIGNATURE

06/07/2017

DATE

Sheryl Chesnutt

NAME
NCO 20 Division Chief