

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID: VA258-17-AP-4638**

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: Olympus

Manufacturer/Contractor POC & phone number: Steve Wendt (1800 848-9024)

Mfgr/Contractor Address: 500 Corporate Parkway PO Box 610

Dealer/Rep address/phone number: Alliant Healthcare Products

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

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

NCO 18

NMVAHCS

**VISN:**

22

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

Purchase of 10 new cystoscopes to replace the ones currently in use at the New Mexico VA Health Care System. The NMVAHCS current inventory is 37 cystoscopes with 22 of those purchased 9 years ago. The cystoscopes being used are all Olympus scopes.

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

LMD-2110MD/OL 21.5" HD Widescreen Medical Monitor 2

TC-C1 PRIMARY ENDOSCOPY PROCEDURE CA RT WITH HANGER KM#

CV-170 ALL-IN-ONE HD VIDEO SYS W/ LED & NBI

CYF-VHR HD FLEXIBLE CYSTONEPHRO VS REVERSE DEFLECTION

13839 Aptimax Sterra Sterilization Tray

99239 Aptimax Sterrad Sterilization TrayMat

HDVC-6-1 HDVC-6 6FT HD-SDI CABLE

MAJ-891 FORCEPS/IRRIGATION PLUG ISOLATED TYPE

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

☐ 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:**

This is an equipment order placed against an existing FSS schedule. Prices have already been determined fair and reasonable. The contracting officer will attempt to get a further discount from the supplier prior to purchasing these items.

**(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 for the actions required. Finding "or equal" items is not an option per the Deputy Under Secretary memorandum

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

None

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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:**

At this time the agency can't take any other action to remove barriers to 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

8/30/2017

DATE

Christopher Bender

Admin Officer

Surgical Service

NAME

TITLE

SERVICE LINE/SECTION

NMVAHCS

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.

DANIEL C. THIEL

CONTRACTING OFFICER

DATE