

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID: VA241-16-AP-6276**

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:**

Manufacturer/Contractor: Siemens

Manufacturer/Contractor POC & phone number: [REDACTED]

Mfgr/Contractor Address: 221 Gregson Drive Cary, NC 27511

Dealer/Rep address/phone number Siemens I Angela Clemmons (919) 468-7364

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

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

Department of Veterans Affairs

Brockton VAMC

940 Belmont Street

Brockton, MA 02301

**VISN:**

1

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

This LSJ is to procure a support service plan for the following Siemens High Tech Medical Equipment. The equipment listed below is used for Computed Tomography, Magnetic Resonance, and Radiation therapy. Principal Operating Period 0800am - 0600pm M-F uptime guarantee 97percent Ph Resp 30 min, On-Site Resp. 4 hours, Parts Order Req. noon parts same day

Somatom Sensation 64 400-163603 CT

Somatom Sensation 64 400-167950 CT

Artiste Bundle 400-203354 Radiation Oncology

Magnetom Prisma Fit 400-484862 MR

The following are other modalities which will be included in the Gold service package:

Primus High Energy (K-series) 400-052224 Xray Machine - Extended Coverage 10PM

MR Chiller Model KPC 212/215 - (does not include Uptime or PH. Resp.)

Powerware 9390 160 kVA Conditioner - 24X7 PH Support - 24 hr on-site service

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

Planned maintenance service - PM inspection monthly (12), Routine system calibration, Remedial maintenance, Quality assurance evaluations, Replacement of parts (not including disposables & accessories. The items to be serviced are High Tech Medical Medical Equipment made up of CT Scans, MRI machines and other direct patient related Dianostic Equipment.

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**(b) ESTIMATED DOLLAR VALUE:** [REDACTED]

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**(c) REQUIRED DELIVERY DATE:** 10/21/2017

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**(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. (CHECK ALL THAT APPLY AND COMPLETE)**

☒ 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.

NAC contract vehicle SPE2D1-17-D-0023 is provided for the purpose to expedite service requirements on Siemens High Tech Medical Equipment. Siemens is the only provider found capable to perform the standard of coverage required by OEM. The OEM has the ability to provide remote service to the equipment and are approved by Clinical Engineering.

☒ 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.)  
Siemens is the manufacturer of the equipment to be serviced and has limited sole proprietary of the required services. The services do have to be performed by a certified Siemens technician. Siemens does not authorize third parties to subcontract their services. This equipment is extremely specialized and highly technical in nature and should only be performed by individuals affiliated with Siemens. Any equipment other than OEM shall not be used on the equipment because it may pose a risk to patient care.

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☐ These are "direct replacements" parts/components for existing equipment.

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

☒ 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.  
All parts associated with the equipment to be serviced must be OEM or certified by the manufacturer.

☐ 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.

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☐ An urgent and compelling need exists, and following the ordering procedures 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:**

The National Acquisition Center has already been determined fair and reasonable. Procurement is consistent with prior year pricing at [REDACTED] per year referencing Task Order [REDACTED] and [REDACTED] Siemens has provided the government with a comparable amount for FY17 [REDACTED] with 2 additional components making up the [REDACTED]

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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:**

Market Research was done to ensure that there are no SDVOSB' or VOSB's capable of performing these services. This research was done by posting a RFI on FBO. Further market was not done because a memo dated August 23,2016 reinstated the NAC as a Source to procure these services. Market Conditions have not changed when considering risk as it relates to third party services.

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

Far 8.405-6 (B) Only one source is capable of providing the supplies or services required at the level of quality required because the supplies or services are unique or highly specialized is the Basis of my minimum requirement in order to be certified by ACR and other regulating agencies findings.

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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:**

The agency shall do a risk analysis to determine risk considering going to other than OEM. The equipment is highly technical and the interested parties must be able to self perform a measurable amount of the service.

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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.)*

LISA M. BRADLEY  
268447

Digitally signed by LISA M. BRADLEY 268447  
DN: dc=gov, dc=va, o=internal, ou=people,  
0.9.2342.19200300.100.1.1=lisa.bradley@va.g  
ov, cn=LISA M. BRADLEY 268447  
Date: 2017.08.16 16:00:32 -04'00'

SIGNATURE

DATE 8/16/2017

Lisa Bradley

Chief Supervisory Clinical Engineer

Clinical Engineering

NAME

TITLE

SERVICE LINE/SECTION

Boston VA Healthcare System

FACILITY

**(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):**

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

**a. CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Stacy S. Dion  
684244

Digitally signed by Stacy S. Dion 684244  
DN: dc=gov, dc=va, o=internal, ou=people,  
0.9.2342.19200300.100.1.1=stacy.dion@va.gov,  
cn=Stacy S. Dion 684244  
Date: 2017.08.17 09:39:35 -04'00'

8/17/17

CONTRACTING OFFICER/DESIGNEE'S SIGNATURE

DATE

Stacy Dion / Contracting Officer  
NAME AND TITLE

WRJ / VAMC  
FACILITY

**b. Services Team Supervisor:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Paul E  
Marvin  
SIGNATURE  
916912

Digitally signed by Paul E Marvin  
916912  
DN: dc=gov, dc=va, o=internal,  
ou=people,  
0.9.2342.19200300.100.1.1=paul.m  
arvin@va.gov, cn=Paul E Marvin  
916912  
Date: 2017.08.30 11:26:49 -04'00'

DATE

Paul Marvin  
Services Team Supervisor

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

Gerald F. Jacobs  
668993  
SIGNATURE

Digitally signed by Gerald F. Jacobs 668993  
DN: dc=gov, dc=va, o=internal, ou=people,  
0.9.2342.19200300.100.1.1=gerald.jacobs@va.gov,  
cn=Gerald F. Jacobs 668993  
Date: 2017.08.30 16:11:43 -04'00'

8/30/2017

DATE

Jacobs, Gerald  
NCO 1 Director of Contracting

**HIGHER LEVEL APPROVAL (Required For orders over \$700,000):**

**d. VHA SAO HCA REVIEW AND APPROVAL (over \$700,000 to \$13.5 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

JOSEPH MALETTA 1347841

Digitally signed by JOSEPH MALETTA 1347841  
DN: dc=gov, dc=va, o=internal, ou=people,  
0.9.2342.19200300.100.1.1=joseph.maletta@va.gov, cn=JOSEPH  
MALETTA 1347841  
Date: 2017.08.30 18:18:41 -04'00'

DATE

Maletta, Joseph  
VHA Head of Contracting Activity (HCA)