

LIMITED SOURCES JUSTIFICATION
ORDERS >\$3,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 438-12-2-1074-0010 (INSERT)

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: Omniceil, Inc

Manufacturer/Contractor POC & phone number: Ray Vander

Mfgr/Contractor Address: 1201 Charleston Road, Mountain View, CA 94043

Dealer/Rep address/phone number: 650-251-6100

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

1. AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network Contracting Office 23

Fargo

2101 Elm Street N

Fargo, ND 58102

23

VISN: _____

2. NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

The Sioux Falls VA HCs has a requirement for additional Omniceil Medication Dispensing Cabinets for the hospital and CBOC's. These are add on products to an existing system and it would not be cost effective to compete and award for a new medication dispensing system.

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

Seven additional Omniceil cabinets are needed to complete the installation of this system throughout the facility and CBOCs.

b. ESTIMATED DOLLAR VALUE: \$331,224.63

c. REQUIRED DELIVERY DATE: 7-01-2012

3. 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.

Sioux Falls already has invested in the technology and servers for the Omnicell system. These units will interconnect with the other existing units. No other units are compatible to the existing units in place.

The last AWE Survey recommended that the facility complete the installation of the Omnicell equipment throughout the facility.

A patent, copyright or proprietary data limits competition. The proprietary data is:

These are “direct replacements” parts/components for existing equipment:

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.

Currently, the Sioux Falls VA, and VISN 23, utilize the Omnicell medication system. The cabinets must be compatible to ensure there are no issues with connectivity with the current 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.

7. 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. Omnicell is standardized throughout the network.

8. REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonafide 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.)

 4-23-12
SIGNATURE DATE
Justin Metzger Acting Chief of Pharmacy Pharmacy
NAME TITLE SERVICE LINE/SECTION
Sioux Falls VA Health Care System
FACILITY

9. APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):

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'S SIGNATURE DATE

NAME AND TITLE FACILITY

HIGHER LEVEL APPROVAL (For orders over \$500,000): REQUIRED NOT REQUIRED

c. NCM/or Designee: I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

DARYL A. BERG DATE
VISN 23 NETWORK CONTRACT MANAGER