

**LIMITED SOURCES JUSTIFICATION**

**ORDER >SAT  
FAR PART 8.405-6**

**Acquisition Plan Action ID:** VA255-18-AP-4286

- 1. Contracting Activity:** Department of Veterans Affairs, VISN 15, Harry S. Truman Memorial Veterans' Hospital Columbia, MO. 589-18-3-7311-0076.
- 2. Description of Action:** This acquisition is conducted under the authority of the Multiple-Award Schedule Program (41 U.S.C. 251 and 40 U.S.C. 501). Dental Treatment System, Follow-on Order Mod to Existing Order Number VA255-14-D-0154/589C63117.

Order against: ☒ FSS Contract Number: V797P-70087  
Name of Proposed Contractor: A-Dec, Inc  
Street Address: 2601 Crestview Drive  
City, State, Zip: Newberg, OR 97132-9528  
Phone: 503-538-9471

**3. Description of Supplies or Services:**

The estimated value of the proposed action is \$467,380.57

Additional furnishing and equipment is needed to provide dental care in the new operatories built as an addition to the current dental clinic. The items required include: accessory consoles with sinks, treatment console, A-Dec 511 Dental Chair, A-Dec 577L track-mount LED dental light, A-Dec 532 TRAD delivery system, A-Dec 545 12 O'clock assistant instrumentation, Synea 500 handpieces, A-Dec 382 monitor mounts, keyboard trays, and ICV vacuum line maintenance system. These items make up the basic furnishings for the dental operatories, chairs for the patients to be evaluated and treated in, and items like the delivery system, assistant instrumentation, handpieces, and treatment console, which are needed for all basic dental treatment and evaluation. Without these items, we would be unable to treat patients in the new dental addition.

**(4) IDENTIFY THE AUTHORITY AND SUPPORTING RATIONALE (see 8.405-6(a)(1)(i)(A), (B), and (C) or 8.405-6(b)), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.**

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

☒ 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;

☐ In the interest of economy and efficiency, 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 was not previously issued under sole source or limited source procedures.

☐ Items peculiar to one manufacturer:

☐ 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.)

☐ 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.

**(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:**

A-DEC provided all the items listed above for the current dental operatories. Using this vendor again will promote standardization for the dental clinic staff. There is a large body of evidence that shows standardization of clinical equipment enhances patient safety and decreases the likelihood of a safety incident. Both the Dental clinic staff and the BioMed staff are already trained on the ADEC equipment. If we purchase the ADEC products, we will eliminate the need for additional training for both Dental and BioMed staff, which would save time, money, and could avoid a delay in patient care while the staff get trained. If we were to select another vendor we'd anticipate unacceptable delays in patient care during the process of learning a new system and training our staff. We would be required to cancel patient appointments to train all dental staff on the new system.

The first phase of the dental clinic (Dental Clinic Project 589A4-CSI-201) was finished in 2017 and second phase of construction (Expand Ambulatory Care Addition 589-333) was planned at the same time and they were planned around using the same equipment. The current construction plan was put in place around these specific ADEC items. All domestic water, electric, medical gas, and plumbing connections were pre-configured in the design based on the ADEC items and all utility connections have already been installed. No other manufacturer has these same specifications. If we were to go with another accessory console, sink, treatment console, patient chair, dental light, delivery system, ICV vacuum system, and assistant instrumentation, we would need to re-figure the utilities for these items, which would cause delays in construction and additional construction costs.

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

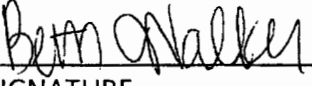
Market research was conducted, including searching for a veteran owned business through FSS, GSA, web search, etc., but no other product provided us with the option to standardize the equipment. This vendor is the only one to provide these products and they are not sold or distributed through open market.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION: N/A**

**(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:**

In subsequent acquisitions, we will explore all options in the market to ensure we are getting the best value based on the needs of the facility.

**(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

9/20/18  
DATE

Elizabeth Walker  
Operations Manager, Specialty Care  
Harry S. Truman Memorial Veterans' Hospital

**(10) APPROVALS IN ACCORDANCE WITH THE VHAPM Part 806.3 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.

**Paul Dixon 651028**

Digitally signed by Paul Dixon  
651028

Date: 2018.09.21 08:50:29 -05'00'

CONTRACTING OFFICER'S SIGNATURE

DATE

Paul Dixon, Jr.  
Contracting Officer  
Network 15 Contracting Office (NCO 15)

**b. One Level Above the Contracting Officer (Required over the SAT but not exceeding \$700K):**  
I certify the justification meets requirements for other than full and open competition.

**Paul A. Hemenway**  
653155  
Digitally signed by Paul A.  
Hemenway 653155  
Date: 2018.09.21 14:05:37  
-05'00'

09-21-2018

SIGNATURE

DATE

Paul Hemenway  
Network 15 Contracting Office (15)  
Branch Chief Supply Team B