

LIMITED SOURCES JUSTIFICATION

ORDERS >\$3,000

FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 578-12-3-201-0093

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: Joerns, LLC.

Manufacturer/Contractor POC & phone number: Darrell Gardner, 800-966-6662

Mfgr/Contractor Address: 19748 Dearborn Street
Chatsworth, CA 91311-6509

Dealer/Rep address/phone number: N/A

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Network Contracting Office 12

115 South 84th Street, Suite 101

Milwaukee, WI 53214-1476

VISN:

12

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

Limited source justification for the purchase of therapy pad for the Edward Hines VA Hospital in Hines, IL. This is a firm-fixed price, brand-name only procurement of Joerns LLC mattress pads.

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

Per VA Acquisition Regulation 808-002 – Priorities for the use of Government supply sources, the requested items are classified under mandatory Federal Supply Schedule (FSS) 65 II A Medical Equipment and Supplies, contract V797P-4285B. The Edward Hines VA Hospital as a requirement for the following items:

Part No.	Description	Qty
900T-S	Dolphin Auto Vector OR Pad	8

(b) ESTIMATED DOLLAR VALUE: \$152,763.84

(c) REQUIRED DELIVERY DATE: August 2012

(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 feature, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The Dolphin Auto Vector table pad is the only pad on the market which uses fluid immersion simulation technology which engages a patient's body three-dimensionally/volumetrically thus providing proper body symmetry and protection from undue pressure during long OR procedures. The Dolphin pad has a computer algorithm which automatically measures the density, weight, and surface area of the patient's body and precisely adjusts the density of the air mattress to simulate buoyancy. The pad automatically adjusts in real-time as patient position changes.

☐ 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

☐ 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.

☐

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 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION.

The purchase of the requested equipment will mitigate the potential of nosocomial injuries during long OR procedures thereby increasing the quality of care and reducing potential related costs. The requested equipment is on mandatory supply schedule 65 II A. Per FAR 8.404 – Use of Federal Supply Schedules, pricing has already been determined to be fair and reasonable.

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

The requestor(s) evaluated products on Federal Supply Schedule and open market were unable to find any equivalents. The Contract Specialist also was unable to find any other equivalents and past procurement history of this item supports this Limited Source Justification.


(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The purchase of the 900T-S Auto Vector OR Pad is supported by VA patient safety initiatives.

(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.

(9) **REQUIREMENTS CERTIFICATION:** I certify that the requirement outlined in this justification is a bonfide 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.)*

	<u>8-3-12</u>
SIGNATURE	DATE
<u>David Evans-John</u>	<u>Program Specialist</u>
NAME	TITLE
<u>HINES</u>	<u>Surgery</u>
FACILITY	SERVICE LINE/SECTION

(10) 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.

Monna Baltuta

CONTRACTING OFFICER'S SIGNATURE

8/4/12

DATE

Jason BARNES, CO

NAME AND TITLE

GRAC

FACILITY

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

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

Chigari Hanger

NAME

8/4/2012

DATE

VISN 12 NCM