

**LIMITED SOURCES JUSTIFICATION**

**ORDERS >\$3,000**

**FAR PART 8.405-6(g)**

**2237 Transaction # or Vista Equipment Transaction #: 695-12-3-969-0323**

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in part 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: ConMed Linvatec

Manufacturer/Contractor POC & phone number: **ConMed/Mr. Brian Cook/877-675-9452**

Mfg/Contractor Address: ConMed Linvatec /11311 Concept Blvd, Largo, FL 33773-4908

Dealer/Rep address/phone number: **Same as above**

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

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

Department of Veterans Affairs

VISN 12

**VISN:**

Great Lakes Acquisition Center

115 S. 84<sup>th</sup> St., Ste 100

Milwaukee WI, 53214-1476

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

Limited Source Justification to purchase Dental Equipment for the Clement J. Zablocki VAMC located in Milwaukee, WI against FSS Mandatory Schedule V797P-4272B.

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

Dental equipment and instruments.

**(b) ESTIMATED DOLLAR VALUE:** \$374,035.00

**(c) REQUIRED DELIVERY DATE:** September 12, 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.**

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique feature, function of the item, etc.).

ConMed Linvatec is the sole manufacturer and distributor of the current dental instruments in use at the Zablocki VAMC Dental Clinic. The current dental equipment and instruments are standardized in accordance Dental RME specifications.

**(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.**

It is in the best interest of the Government to purchase this equipment from ConMed Linvatec in order to be standardized with the existing dental equipment. If they were to purchase a different product from another vendor, the staff would have to receive new training on the new equipment. This would not be financially feasible and the recommendation is to purchase this equipment from ConMed Linvatec.

IGCE price of \$310,449.25 was obtained by the end user market research and is the same as listed GSA Advantage pricing.

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

The Contract Specialist conducted market research of GSA Advantage and found the requested items are only available through ConMed Linvatec. These products are classified as a FSS 65II A. Therefore, this contract holder is a mandatory source IAW FAR 8.002(a).

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:** None

**(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:**

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.)

*Sandra Lentini*

SIGNATURE

8-28-12

DATE

Sandra Lentini  
NAME

Program Analyst  
TITLE

Primary Care  
SERVICE LINE/SECTION

VA- Milwaukee  
FACILITY

**(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.

*[Signature]*  
CONTRACTING OFFICER'S SIGNATURE

8/28/2012  
DATE

DANIEL MAHAFFY CONTRACTING OFFICER  
NAME AND TITLE

GLAC NCO 12  
FACILITY

**c. 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.

*Christina [Signature]*  
NAME

8/28/2012  
DATE

VISN 12 NCM