

**LIMITED SOURCES JUSTIFICATION**

**ORDER >SAT**

**FAR PART 8.405-6**

**Acquisition Plan Action ID:** **36C249-19-2009**

- 1. Contracting Activity:** Department of Veterans Affairs, VISN 09, Memphis, TN VA Medical Center, 2237: 614-20-1-069-0006.
- 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](#)).

Order against: ☒ FSS Contract Number: V797D-30111

Name of Proposed Contractor: Omnicell, Inc.

Street Address: 590 E MIDDLEFIELD RD

City, State, Zip: MOUNTAIN VIEW, CA 94043

Phone: 847-596-3464

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

The estimated value of the proposed action is \$ 315,168.00

Requirement is for a base and 4 one-year option firm-fixed price full service preventative maintenance support contract for Memphis VAMC's Omnicell systems in Pharmacy. The estimated value is \$63,033.60 per year, \$315,168.00 aggregate.

**(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; This contract is to maintain the Omnicell systems in Pharmacy to ensure essential technical and medical equipment functionality. Omnicell is the Original Equipment Manufacturer of the equipment

and provided an OEM letter attesting to the fact that they are the only source that has access to proprietary parts and proprietary system updates.

☐ 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 must not have been 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: Omnicell brand biomedical equipment(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:**

This equipment maintenance represents the best value, as opposed to replacing the entire drug dispensing system and software. This allows maintaining a functional environment for Veteran patients, staff, and visitors.

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

The VETBIZ and FSS contract data bases were consulted, however, Omnicell provided a sole source letter. Omnicell is a Federal Supply Schedule contract holder: V797D-30111. To retain Omnicell drug dispensing program functionality, no further market research was conducted.

**(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 identified.

**(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	_____ 08/28/2019 DATE
_____ KAYLA GRIGGS CHIEF BIOMEDICAL ENGINEER	_____ VAMC MEMPHIS

**(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.

_____ CONTRACTING OFFICER/DESIGNEE'S SIGNATURE	_____ DATE
_____ CHRISTINA B. SMITH	_____ NCO 9 FACILITY

**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.

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SIGNATURE

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DATE

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JACKIE L. MERRIMAN  
NCO 9, Branch Chief Services West