

Department of Veterans Affairs

Limited Sources Justification

FAR 8.405-6(a)(1)(i)(C)

1. Identification of the Contracting Activity and the Requiring Agency: Construction and Facilities Management (CFM) – Eastern Region.

2. Nature/Description of Action: A new Firm-Fixed Price task order awarded on a sole source basis to Interior Systems, Inc. utilizing their FFS contract GS-00F-023CA. The approved North American Industry Classification System (NAICS) of 541330 with the size standard of \$15 Million average annual gross. The original task order, VA101F-17-J-2818, was awarded as a competitive SDVOSB set aside.

3. Description of Supplies and Services: Construction Management (CM) Services at the VA Manhattan Medical Center, NY. This requirement is to provide two Senior Architects (CM-A), two Structural/Civil Engineers (1 Senior / 1 Intermediate)(CM-SE), two Electrical Engineers (1 Senior /1 Intermediate) (CM-EE), one Senior Mechanical Engineer (CM-ME), one Senior Fire Protection Engineer (CM-FP), two CPM Scheduler/data entry professionals (CM-S), and two Site Safety Representative (CM-SSR) and three on-site CM Project Assistants (CM-PA) to assist the Hospital Recovery and Renovations Project's Senior Resident Engineer in performing monitoring and inspection of construction for compliance with contract requirements for this project on a non-personal services basis. Tasks for each position shall include constructability reviews, monitoring/inspecting, reporting, data entry, proposals review, and coordination efforts as required to support CFM's mission. Shift work will be required to provide office coverage of construction work at the site. Because there will be multiple AE design efforts and construction contracts in place throughout the period of performance, the CM personnel will be required to monitor and advise CFM on coordination of contract issues and develop/maintain an integrated master schedule for the overall program. The estimated price of this action is \$3,620,945.00 for the Base Bid, and \$3,693,745.00 for Option Period 1.

4. Authority Cited: The statutory authority for this action is FAR 8.405-6(a)(1)(i)(C), 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-sources procedures. ISI performed CM Services at the Manhattan Medical Center the past two years. Due to financial difficulty, the work in Manhattan is being extended and reworked requiring additional support. It is in the government's best interest that this order be awarded to the incumbent contractor in order to maintain consistency and institutional knowledge.

5. A determination by the ordering activity contracting officer that the order represents the best value consistent with 8.404(d): The Contracting Officer reviewed the FFS contract rates and found the labor rates to be consistent with the current market rates in the Manhattan location.

6. Efforts to Obtain Competition: No competition was sought due to because of the determination to seek a logical follow on as described and deemed in the best interest of the government. ISI can provide valuable continued coverage and institutional knowledge. The

Limited Sources Justification - Construction Management (CM) Services at the VA Manhattan Medical Center, NY

original task order was awarded to ISI under competitive procedures, however ISI was the only interested contractor due to the difficulty of working in Manhattan.

7. Other Facts: ISI's current task order has expired leaving the MC and CFM short of manpower. A logical follow-on is the fastest and most economical means of relieving the shortage of on-site staffing as the project moves forward in to its next phase.

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: A new CM Services IDIQ is pending awarded around the end of FY 2019, therefore GSA remains the only viable option for obtaining these services.

9. As the Contracting Officer for this action, I certify that this justification is accurate and complete to the best of my knowledge and belief.

10. Evidence that any supporting data is the responsibility of technical or requirements personnel (e.g., verifying the Government's minimum needs or requirements or other rationale for limited sources) and which form a basis for the justification have been certified as complete and accurate by the technical or requirements personnel. N/A

11. The Approval Authority for this action is the Head of Contracting Activity.


Angeleque Batkins
Contracting Officer

August 15, 2019
Date

Concur / Non-Concur

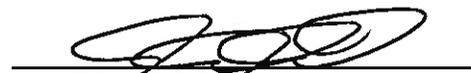
Janice M.
Speth 731830

Digitally signed by Janice M.
Speth 731830
Date: 2019.08.15 14:20:27
-04'00'

Janice Speth
Director Acquisitions, Eastern Region

Date

Approve / Disapprove


JAMES J. WOOD
Acting Associate Executive Director, Facilities Acquisition
Head of Contracting Activity

8/20/2019
Date

SMALL BUSINESS PROGRAM AND CONTRACT BUNDLING REVIEW

OSDBU CONTROL NUMBER

CONTRACTING ACTIVITY AND PROGRAM OFFICE DATA

1A. CONTRACTING ACTIVITY CFM Eastern Region Office (003C4C)	1B. ADDRESS (Include Street, City, State and Zip Code) 425 I Street NW Washington DC 20001
1C. TELEPHONE NUMBER (Including Area code) 240-494-2952	1D. CONTRACTING POINT OF CONTACT NAME AND EMAIL ADDRESS Angeleque Batkins-angeleque.batkins@va.gov
2A. NAME AND ADDRESS OF PROGRAM OFFICE CFM Eastern Region Office (003C4C) 425 I Street NW Washington DC 20001	2B. PROGRAM MANAGER NAME AND EMAIL ADDRESS Troy Waller troy.waller@va.gov
3. REVIEW TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION	

PROCUREMENT DATA

4. DESCRIPTION OF SUPPLIES OR SERVICES Hospital Recovery & Renovations, Manhattan NY Construction Management Services	5. EST. DOLLAR VALUE		6A. NAICS AND SIZE STD. 541330/\$15M	6B. PSC R499
	A. BASE YEAR \$3.6M	B. TOTAL \$7.3M		
7. SOLICITATION NUMBER TO# 36C10F19F0051	8. PERFORMANCE PERIOD 12months + 12months	9. EST. RELEASE DATE 08/19/2019	10. EST. AWARD DATE 09/20/2019	
11. PROPOSED METHOD OF PROCUREMENT (Check all that apply) <input checked="" type="checkbox"/> SOLE SOURCE <input type="checkbox"/> SET-ASIDE <input type="checkbox"/> PARTIAL SET-ASIDE <input checked="" type="checkbox"/> SDVOSB <input type="checkbox"/> HUBZONE <input type="checkbox"/> UNRESTRICTED-INSUFFICIENT SMALL BUSINESS (Attach justification) <input type="checkbox"/> VOSB <input type="checkbox"/> 8(a) <input checked="" type="checkbox"/> FEDERAL SUPPLY SCHEDULE (FSS) NAME# GS-00F-023CA <input type="checkbox"/> WOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MULTIPLE AWARD CONTRACT, TYPE# _____ <input type="checkbox"/> EDWOSB <input type="checkbox"/> OTHER (Affiliate, Ability One, etc) _____				
12. MARKET RESEARCH/PUBLICATION EFFORTS <input type="checkbox"/> POSTED FCO <input type="checkbox"/> SOURCES SOUGHT <input type="checkbox"/> DSBS <input type="checkbox"/> RFI <input type="checkbox"/> FBO <input type="checkbox"/> VIP <input type="checkbox"/> GSA EBUY <input type="checkbox"/> SAM <input type="checkbox"/> FPDS		13. MARKET RESEARCH RESPONSES (Actual Number) SDVOSB _____ VOSB _____ WOSB/EDWOSB _____ SDB/8a _____ HUBZONE _____ SMALL BUSINESS _____ LARGE BUSINESS _____ OTHER _____		
14. IPT REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. PCR ASSIGNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. BUNDLING CHECKLIST REQUIRED? (Attach VA Form 2268a) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17. SUBCONTRACTING PLAN REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

PROCUREMENT HISTORY

18. WAS ITEM PREVIOUSLY AWARDED? <input checked="" type="checkbox"/> YES (Complete 19 - 23) <input type="checkbox"/> NO (Skip to item 24)	19A. CONTRACTOR NAME AND ADDRESS Interior Systems, Inc. 11362 Mellon Road, Suite 100 Hanover, MD 21076	19B. BUSINESS TYPE <input checked="" type="checkbox"/> SDVOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/> VOSB <input type="checkbox"/> WOSB <input type="checkbox"/> HUBZONE <input type="checkbox"/> SDB/8a <input type="checkbox"/> EDWOSB <input type="checkbox"/> LARGE BUSINESS
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20. DOLLAR VALUE \$5,399,445	21. PERIOD OF PERFORMANCE 30 months	22. NAICS/SIZE STD. 541330/\$15M	23. PROCUREMENT METHOD CFM BPA
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24. COMMENTS
 Construction Management Services (CM) during the Hospital Recovery and Renovations project construction period. The CM services is to provide 2 Architects, 2 Structural/Civil Engineer, 2 Electrical Engineers, 1 Mechanical Engineers, 1 Fire Protection Engineer, 2 Schedulers, 2 Site Safety Reps, and 3 PSAs to assist the Resident Engineers.

COORDINATION/CONCURRENCES

25. CONTRACTING OFFICER (Print), SIGNATURE ANGELEQUE BATKINS Angeleque Batkins 647293 <small>Digitally signed by Angeleque Batkins 647293 Date: 2019.08.13 13:00:04 -0400</small>	DATE SIGNED 8/13/19
26. HEAD OF CONTRACTING ACTIVITY (HCA) OR DELEGATE (Print), SIGNATURE JAMES J. Wood HCA	DATE SIGNED 8/20/2019
27. SMALL BUSINESS LIAISON (Print), SIGNATURE JANICE SPETH Janice M. Speth 731830 <small>Digitally signed by Janice M Speth 731830 Date: 2019.08.13 13:17:25 -0400</small>	DATE SIGNED 08/13/2019
28. VA OSDBU REPRESENTATIVE (Print), SIGNATURE (Attach narrative documenting reasons for non-concurrence and recommendations) NOT APPLICABLE	<input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR DATE SIGNED
29. SUBCONTRACTING GOALS (%) SDVOSB _____ VOSB _____ HUBZONE _____ SDB _____ WOSB _____ SB _____	
30. NAME AND EMAIL ADDRESS OF SBA PCR (If assigned):	31. OTHER APPROVING AUTHORITY (as required)
DATE SIGNED	

INSTRUCTIONS

This form is part of the VA's pre-award process and shall be processed in accordance with the Office of Small & Disadvantaged Business Utilization (OSDBU) directive, prior to solicitation.

NOTE: This form is valid for 12 months from the date of the OSDBU Representative's signature. Acquisitions solicited beyond that date will require a new form.

Control Number Assigned by OSDBU. Please leave blank.

Item 1A Provide name of Contracting Office/Activity.

Item 1B-D Provide address and contact information (including an email address of a contracting officer) for the contracting activity.

Item 2A Provide Name and address of Program Office.

Item 2B Provide Name and email address of the assigned Program Manager.

Item 3 Indicate type of review; initial submittal or subsequent modification. An explanation for modification should be provided in the comments section (Item 24).

Item 4 Provide a description of supplies and/or services.

Item 5 Provide the estimated dollar value for: A. the base year and: B. total contract value.

Item 6A Enter applicable North American Industry Classification System (NAICS) and small business size standard (STD.). For assistance, see www.sba.gov/size or contact OSDBU.

Item 6B Enter applicable Product Service Code (PSC).

Item 7 Provide the solicitation number.

Item 8 Period of performance to include all option years.

Item 9 Estimated (EST.) release date of solicitation.

Item 10 Estimated (EST.) date of award.

Item 11 Check the applicable proposed method(s) of procurement. Justifications for unrestricted procurements should be prepared in accordance with FAR Part 19.5 and include proposed sub-contracting goals and evaluation preferences for small business.

Item 12 Check all blocks that apply regarding marketing and publicizing this contract action.

Item 13 Enter proposed number of responses received from sources sought notice or other market research.

Item 14 Check Yes or No to indicate if an Integrated Product Team (IPT) was required on this procurement. See IL 001AL-09-05 for details.

Item 15 Check Yes or No to indicate if your contracting activity has an assigned SBA PCR. If Yes, attach evidence of PCR coordination.

Item 16 VA Form 2268a, Contract Bundling Checklist, must be submitted for all procurements estimated over \$1 million that meet the definition of a bundled contract per FAR 2.101. Check Yes or No to indicate if checklist is required. If Yes, VA Form 2268a must be completed and attached.

Item 17 Check Yes or No to indicate sub-contracting plan requirement; refer to FAR Part 19.7 and VAAR Part 819.7.

Item 18 Check Yes or No regarding acquisition history of supplies and/or services, if NO, skip to Item 24.

Item 19A Enter contractor's name(s) and address(es) for past procurement

Item 19B Enter business type(s) of contractor.

Item 20 Enter total dollar value of past procurement.

Item 21 Enter period of performance for past procurement.

Item 22 Enter NAICS and small business size standard for past procurement.

Item 23 Enter acquisition method for past procurement.

Item 24 Enter comments and details as needed (example: justifications, evaluation preferences, market research details, changes to initially submitted form, extenuating circumstances, etc.).

Item 25 Printed name and signature of Contracting Officer and date signed.

Item 26 Printed name and signature of Head of Contracting Activity (HCA) and date signed.

Item 27 Concurrence of activity's Small Business Liaison, name and signature, and date signed.

Item 28 Printed name and Signature of VA OSDBU representative and date signed.

Item 29 Enter Subcontracting goals as required. OSDBU may amend as appropriate.

Item 30 Printed name and email address of SBA Procurement Center Representative (PCR), if one has been assigned to procurement activity.

Item 31 Reserved for higher level approvals as may be required.

ATTACHMENT B

DEPARTMENT OF VETERANS AFFAIRS



HEAD OF THE CONTRACTING ACTIVITY (HCA) REVIEW AND APPROVAL FORM

(Reference Senior Procurement Executive memorandum dated 11/30/2015)

Description/Solicitation Number/Contract Number: Construction Management (CM) Services for VAMC Manhattan NY 36C10F19F0051	
Briefing Note: (State "See Attached" if additional space is required) Request approval of attached sole source J&A based on logical follow on for CM Services in Manhattan.	
Contracting Office: <input type="checkbox"/> National Region <input checked="" type="checkbox"/> Eastern Region <input type="checkbox"/> Central Region <input type="checkbox"/> Western Region	
HCA Delegation - Attachment A Approval Requested (Select the appropriate action for the HCA's approval)	CFM Reviewer
1. Sole Source - Approval of Justification (FAR 6.304)	Recommend Approval (initial and date) <i>CDM/mjg 8/15/19</i>
REVIEW/CONCURRENCE AND APPROVAL	
I certify that all required procurement actions required to support the HCA's approval have been fully and satisfactorily accomplished.	
Angeleque Batkins 647293 <small>Digitally signed by Angeleque Batkins 647293 Date: 2019.08.15 17:06:48 -0400</small>	8/15/2019
Contracting Officer's Signature	Date
CONCUR: I have reviewed the supporting documentation and recommend the approval of this procurement action.	
Regional Acquisition Director's Signature	Date