

Attachment A: Request for Limited Sources Memo Format

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6 (a) (B) & (b) (2)

**2237 Transaction # or Vista Equipment Transaction #:** 646-13-1-622-0012

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: Working Walls, Inc.

Manufacturer/Contractor POC & phone number: Working Walls/Cullen Roth/216-749-7850

Mfgr/Contractor Address: Working Walls/100 Hayes Drive Suite B Cleveland OH 44131

Dealer/Rep address/phone number: Tom Garasic/100 Hayes Drive Suite B Cleveland OH 44131/216-749-7850

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

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

Department of Veterans Affairs

VA Pittsburgh Healthcare System

1010 Delafield Road

Pittsburgh, PA 15215

VISN: 4

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

Brand Name Only and Only One Responsible Source, Sole Source Award.

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

Furnish and Install Acoustical Panels for and in Audiology and Rehabilitation Areas of Bldg. 71 at HJ Heinz Facility.

**(b) ESTIMATED DOLLAR VALUE:** \$ 27,845.00

**(c) REQUIRED DELIVERY DATE:** 15 Weeks after Order is received. Estimated to be 05/08/13.

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

The VA Pittsburgh Healthcare System needs to purchase Acoustical Panels made by Working Walls, Inc, since

they possess the following unique features that are not available in any other manufacturer's similar product:

Acoustical Panels that are made by other manufacturers help absorb sound reflected off the walls in a room making that room less reverberant or "echo-ey." While they help to make the specific room they are in quieter, they do nothing to keep sound from escaping through the panel, through the wall behind it and out of the room, disturbing people outside the room.

The Acoustical Panels made by Working Walls, Inc. not only have sound absorptive like above, which is essential to the VA Pittsburgh Healthcare System, but their acoustic panels are also made with a "double modification" process that adds an additional layer of material to the back of each panel that acts as a barrier to keep much of the sound from penetrating the panel and escaping the room, which is also essential to the VA Pittsburgh Healthcare System, since they are going in an audiology area where testing and other measurements are taken, and it is especially critical not only for each room to be quiet, but the sound from one room should not be escaping and interfering with the work done in other rooms, and the double modification process in the Working Walls, Inc. acoustic panels is necessary to prevent this, and since no other manufacturer makes acoustical panels with this additional needed feature.

Working Walls will perform acoustical calculations and design and install acoustical panels per the calculations to minimize reverberation and other acoustical problems in the ACC.

It is also essential to purchase the above mentioned acoustical panels made by Working Walls, Inc., off the GSA Federal Supply Schedule, on a Sole Source basis, since they are the sole exclusive seller and installer, of their acoustical panels, on the GSA Federal Supply Schedule. (GSA Contract No. GS-28F-7062G).

☐ A patent, copyright or proprietary data limits competition. The proprietary data is:

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☐ These are "direct replacements" parts/components for existing equipment.

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☐ 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.

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☐ 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.

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

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**(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:**

VAPHS has used Working Walls in the past to help with sound/acoustical issues in our facilities. Working Walls is on GSA contract and has a local presence. Per FAR Part 8.404 (d), placing Orders against a Schedule Contract, using procedures at FAR 8.405 (which is being used), the Order is considered to represent the best value, and results in the lowest overall cost alternatives to meet the Governments needs, and the GSA has already negotiated fair and reasonable pricing, so the Schedule price is also considered 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 CONDUCTED:**

The Requesting Activity reviewed other manufacturer's product offered by other company's on the GSA Federal Supply Schedule, and could not find another manufacturer's product that contained the above mentioned essential feature, and/or who had a local presence.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

This is a custom outfit and it is imperative that infection control and maintenance guidelines are adhered to. Working walls is able to adhere to our strict guidelines.

**(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:**

**(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.)

Kyra Tucker

SIGNATURE

Kyra Tucker

NAME

VAPHS

FACILITY

Interior Designer

TITLE

1/8/13

DATE

FMS

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.

Ronald Mazzei

CONTRACTING OFFICER'S SIGNATURE

Ronald Mazzei Contracting Officer

NAME AND TITLE

1/8/13

DATE

HJH

FACILITY

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

b. QA OFFICER: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief. \*This signature may be the VISN NCM/PCM if the Contracting Officer and Contracting Supervisor is the same individual.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND TITLE

c. NCM/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
SIGNATURE

1/10/13  
\_\_\_\_\_  
DATE

Michael J. Lamb  
\_\_\_\_\_  
NAME

VISN X NCM