

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000
FAR PART 8.405-6

2237 Transaction # 556-13-3-2993-0173

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:	Guldmann, Inc.
Manufacturer/Contractor POC & phone number:	800-664-8834
Mfgr/Contractor Address:	5525 Johns Rd, Suite 905 Tampa, FL 33634
Dealer/Rep address/phone number:	

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

(1) **AGENCY AND CONTRACTING ACTIVITY:** Department of Veterans Affairs
Great Lakes Acquisition Center
115 South 84th Street, Suite 101
Milwaukee, WI 53214

NCO: 12

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

Other than full and open competition to purchase and install Guldmann, Inc. ceiling mounted patient lift/transfer systems for the two small homes (Greenhouse 3 & 4) that are currently under construction at the Captain James A Lovell Federal Health Care Center (FHCC) located in North Chicago, Illinois. Each small home has ten resident rooms and one spa room. These are the last of four planned patient houses for this location.

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

Lift/transfer systems consist of lift motors, rails, charging stations, slings, switchbacks, ceiling brackets, hangers and miscellaneous hardware.

(b) ESTIMATED DOLLAR VALUE: \$158,087.14

(c) REQUIRED DELIVERY DATE: October 1, 2013

(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.

☒ 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.

In accordance with VHA Directive 2010-32, Safe Patient Handling Program and Facility Design, the FHCC, has purchased and is currently using Guldmann Ceiling Lift Systems in all Geriatric Extended Care (GEC) and medical patient care units throughout the FHCC facility.

These lifts are used to move patients, who are not able to move on their own, from one location in the room to another, as well as moving the patient from the bed to a wheelchair.

The equipment is required for the new patient homes being constructed and must match the two existing (matching) patient homes "Greenhouses", as well as existing facility equipment for the purpose of patient safety, preventive maintenance and repair. All slings and other components must be interchangeable with lifts in all four patient homes or "Greenhouses", as well as throughout the facility. Staff will be assigned to (and rotated through) all four homes (this includes current staff who are familiar with the lifts).

(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:

The required items are listed on FSS contract V797P-4680A.

Pricing is consistent with past purchases and current published contract price list.

556-A20056 \$163,818 Unit pricing remains the same.

556-A10216 \$42,419 Unit pricing remains the same.

556-A10118 \$170,936 Unit pricing remains the same.

This contractor has met previous deadlines with little or no discrepancies.

Staff is trained and is familiar with these particular lifts. Biomedical Repair is authorized to conduct preventive maintenance. All slings and other consumable supplies are interchangeable. Additional training or maintenance is not necessary.

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

Market research was conducted via the VA's Medical/Surgical Catalog using the part numbers needed for the requirement. Items are available from a mandatory source on contract V797P-4680A.

Market research was conducted via GSA Advantage to see if any other vendor carried the Guldman lifts. No other vendors were found to be able to provide all the required equipment.

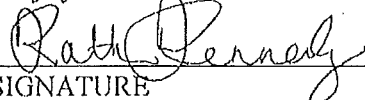
(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

The lift systems are proprietary to Guldman, Inc. They are the sole manufacturer, distributor and installer at this time.

(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 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.)*

		<u>7/30/13</u>
SIGNATURE		DATE
Kathleen Kennedy	Business Manager	Patient Services
NAME	TITLE	SERVICE LINE/SECTION
Federal Health Care Center (FHCC)		
FACILITY		

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

		<u>7/30/2013</u>
RICHARD A CABLE SR		DATE
CONTRACT SPECIALIST		
NCO 12		

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

Christine Hansen

CHRISTINE HANSEN

NETWORK CONTRACT MANAGER

NETWORK CONTRACTING OFFICE 12, GREAT LAKES ACQUISITION

8/23/2013

DATE