

Attachment 1: Request for Limited Sources Memo Format

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 674-13-2-654-0037

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: Omnnicell Inc.

Manufacturer/Contractor POC & phone number: 800-850-6664

Mfrgr/Contractor Address: 1201 Charleston Rd Mountain View Palo Alto, CA 94043-1337

Dealer/Rep address/phone number: Customer Support

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs
Central Texas Veterans Health Care System
1901 Veterans Memorial Drive
Temple, Texas 76504

VISN:

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

This is a request for other than full and open competition for the purchase of sole source Omni supplier Omnicell, Inc.

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

This requirement is to provide Ten (10) three (3) cell Omni-suppliers with configurations as listed on the quote. The cells will be delivered to the New Austin Outpatient Clinic 1901 Metropolis Dr Austin, Texas 78744. This will allow CTVHCS AOPC to efficiently complete the mission of stocking and accounting for medical supplies expended throughout the medical facility for patient services.

(b) ESTIMATED DOLLAR VALUE: \$265,449.58

(c) REQUIRED DELIVERY DATE: 4-26-2013

(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. (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.). Omniceil is uniquely qualified to provide these services to the CTVHCS based upon the following:

- a. Omniceil is presently the only vendor that provides the unique equipment that securely houses medical supplies that require accountability that is not prevalent in the marketplace. This system entails an automated accounting software generating notifications to the Medical Supply and Distribution (MSD) Section of products that have a low par level, permitting timely request for procurements to reestablished par levels, keep an accurate account of use and stock on hand.

(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:

Per FAR 8.404 (d) the GSA has already determined that prices under schedule are fair and reasonable. Open market sources were sought however pricing was found to be higher and most importantly did not offer the clinical quality of the brand being requested.

(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 has identified no other potential offerors

(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: 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.)*



8/26/13

SIGNATURE

DATE

Rondal E Grace

Supply Systems Analyst

Logistics

NAME

TITLE

SERVICE LINE/SECTION

Central Texas Health Care System

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.

steven.moya@va.gov

Steven P. Moya
Contract Specialist
Network Contracting Office 17

Digitally signed by steven.moya@va.gov
DN: cn=steven.moya@va.gov
Date: 2013.08.26 17:43:50 -05'00'

Date

Rachelle A. Moore

Rachelle A. Moore
Contracting Officer
Network Contracting Office 17

8/26/13
Date

Valerie Morris

Valerie Morris
Supervisory Contract Officer
Network Contracting Office 17

8/29/13
Date

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