

## JUSTIFICATION AND APPROVAL FOR OTHER THAN FULL AND OPEN COMPETITION

Acquisition Title:

Agency:

Acquisition Year:

Author:

### 2. Description of Action:

Nature:	<input checked="" type="checkbox"/> New Requirement	<input type="checkbox"/> Follow-on Requirement	
	<input type="checkbox"/> Modification to Existing Purchase Order/Contract Number:		
Pricing:	<input checked="" type="checkbox"/> Firm-Fixed Price	<input type="checkbox"/> Time & Materials	<input type="checkbox"/> Cost
	<input type="checkbox"/> Other:		
Funds:	<input type="checkbox"/> OMA	<input checked="" type="checkbox"/> Other Funds:	

Name of Proposed Contractor(s):

Street Address:

City, State, Zip:

### 3. Description of Services or Supplies:

Basis for Approval (FAR 6.303-1(d)):	<input type="checkbox"/> Individual Basis	<input checked="" type="checkbox"/> Class Basis
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The total estimated value of the proposed action, including all options is \$

Audiology Sound Booth, Audiology Equipment, Installation and Shipping. Audiology Mfg: Grason-Stadler, Acoustic, Audioscan, NOAH, Titan, Dell Laptop and Monitor, Eclipse, and Interacoustics.

**4. Authority and Rationale:** Identify the statutory authority, FAR title and FAR citation permitting other than full and open competition. It may be one of the following most commonly used citations by the operating divisions of the Department of Health and Human Services (HHS), but other exceptions may apply per [FAR Subpart 6.3](#).

### Actions other than simplified acquisition procedures (select only one and provide an explanation):

☒ [FAR 6.302-1](#): Only one responsible source and no other supplies or services will satisfy agency requirements, 41 U.S.C. 3304(a)(1)

Standardization of audiology sound booth and audiology equipment can result in a significant cost reduction without impacting quality and delivery of care for American Indians and Alaskan Natives.

☐ [FAR 6.302-2](#): Unusual and compelling urgency, 41 U.S.C. 3304(a)(2)

☐ [FAR 6.302-5](#): Authorized or Required by Statute, 41 U.S.C. 3304(a)(5)

☐ Other (See [FAR Subpart 6.3](#) for additional authority):

5. Bridge Contracts:

N/A

6. Actions to Increase Competition:

We announced a combination synopsis/solicitation for RFQ-18-PHX-27 for audiology equipment for the Phoenix Indian Medical Center and we only received one offer from e3 Diagnostics/MSR West. e3 Diagnostics/MSR West has multiply contracts with other Indian Health Service Units or Clinics.

7. Market Research:

Based on the market research conducted, no two or more small businesses in any of the targeted socio-economic groups were identified appeared capable of performing the requirements. In addition, no small business in any of he targeted social-economic group appeared to qualify for a sole source procurement. A JOFOC will be issued for the Standardization of audiology sound booth and audiology equipment for the Phoenix Area Service Units.

8. Procurement History:

Purchase order or contract number:

HHSI247201800136P, M.S.R. West, Inc., Audiology Equipment, Install, Configuration


Was action competed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If action was not competed, state the cited authority, summarize rationale, and describe the actions that were supposed to be taken to increase competition and the results thereof:

9. Additional Information to support the justification

10. Technical / Requirements Certification: *By my signature below*, I certify that the supporting data under my review which is included in this J&A is accurate and complete.


Program Manager	
Name:	Robin Stann
Position Title:	Biomedical Equipment Support Specialist
Email address:	Robin.Stann@ihs.gov
Phone:	928-338-4911

Program Manager Supervisor (or one level above Program Manager)	
Name:	Jon Wilner
Position Title:	Clinical Engineer
Email address:	Jon.Wilner@ihs.gov
Signature	Jon M. Wilner -S  Digitally signed by Jon M. Wilner -S DN: c=US, o=U.S. Government, ou=HHS, ou=IHS, ou=People, cn=Jon M. Wilner -S, 0.9.2342.19200300.100.1.1=2000620970 Date: 2018.09.21 15:10:01 -07'00'
Date:	09/21/2018

**11. Fair and Reasonable Price Determination:** As Contracting Officer, by my signature below, I hereby determine that the anticipated cost to the Government for this contract action will be fair and reasonable.

We used historical comparison with contract #HHSI247201800136P (e3 Diagnostics/MSR West), V797D-70154 (MedRx Inc), V797P-4348B (Diagnostics Group,LLC) and IGCE.

**12. Contracting Officer's Approval (Required for proposed contract not to exceed \$700,000 (value calculated including all options)):** I hereby certify that this justification is accurate and complete to the best of my knowledge. I approve this sole source justification subject to availability of funds, and provided that the services and supplies herein described have otherwise been authorized for acquisition.

Name:			
Signature:			

**13. Legal Review:**

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**14. OPDIV Competition Advocate Approval (Required for proposed contract over \$700,000 but not exceeding \$13.5 million value calculated including all options):**

I have reviewed this justification and find that it adequately supports other than full and open competition.

Name:		Phone:	
Signature:		Date:	

**15. Office of Small and Disadvantaged Business Utilization**

I have reviewed this justification and find that it adequately supports other than full and open competition.

Name:		Phone:	
Signature:		Date:	

**16. OPDIV HCA Approval (Required for proposed contract over \$13.5 million but not exceeding \$68 million value calculated including all options):**

Name:		Phone:	
Signature:		Date:	

**HHS Senior Procurement Executive (SPE) Approval**

Based on the foregoing justification, I hereby approve the procurement of (state supplies/services being procured) on an other than full and open competition basis pursuant to the authority of (state the full statutory authority and FAR cite and title, consistent with paragraph 4, e.g. 41 U.S.C. 3304), as implemented by [FAR 6.301](#)), subject to the availability of funds, and provided that the services herein described have otherwise been authorized for acquisition.

Name:		Phone:	
Signature:		Date:	