UNITED STATED MARINE CORPS
MARINE CORPS LOGISTICS COMMAND
814 RADFORD BLVD
ALBANY, GEORGIA 31704-1128

IN REPLY REFER TO:
MCLC 13646

SOLE SOURCE JUSTIFICATION FOR SIMPLIFIED ACQUISITIONS

1. The service listed on M94700-6166-3278 is available from only one source and competition is precluded for reasons indicated below. There are no substitutes available.

2. This acquisition is restricted to the following source:

Manufacturer: PerkinElmer Health Sciences, Inc.
Manufacturer POC and Phone Number: Alex Halters (615)523-5479
Manufacturer Address: 710 Bridgeport Avenue, Shelton, CT 06484-4794

3. Description of the service required, the estimated cost, and required delivery date.

The Statement of Work (SoW) requires the performance of an on-site Preventative Maintenance (PM) visit by the contractor for three government owned PerkinElmer brand equipment assets. PerkinElmer Optima 7000 DV ICP-Optical Emission, S10 Auto Sampler and PolyScience Chiller-6106PE Low Noise. The SoW also includes replacement parts, telephone support and training of government operators. A base year with two, one-year option periods.

Estimated Cost: $32,754.00
Requested Start: Best practicable

4. Specific characteristics of the service that limit the availability to a sole source e.g., 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.

PerkinElmer Health Sciences, Inc. is the Original Equipment Manufacturer for the items to be maintained. They are uniquely qualified to supply the certified technical expertise required to maintain the assets. They have immediate access to replacement parts, and training curriculum if necessary. And possess the familiarity with the equipment to offer telephone support when required.

5. Check and fill in all that are applicable:

☐The material or service must be compatible in all aspects (form, fit, and function) with existing systems presently installed. Describe the equipment you have now and how the new item/service must coordinate, connect, or interface with the existing system:

☐Other information to support a sole-source buy:

CERTIFICATION

I certify that statements checked and information provided above are complete and correct to the best of my knowledge. I understand that the processing of this Sole-Source Justification precludes the use of full and open competition.

(Signature) _____ Date 8/3/16

Printed Name, Title [Project Officer] EVAN STAHLR

(Signature) _____ Date 8/3/16

Printed Name, Title [Contracting Officer] D.E. Beaulieu