

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

MCLC 13472

SOLE SOURCE JUSTIFICATION FOR SIMPLIFIED ACQUISITIONS

1. The services listed on M94700-15-SU-00002(4275-1212, 4275-1191, 4275-1193) are 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: **Phase Matrix, Inc.**

Manufacturer POC and Phone Number: **Andrea Breen, (408)428-1000**

Manufacturer Address: **109 Bonaventura Drive San Jose, CA 95134-2106**

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

Teardown, Evaluation, Repair and Calibration of three (3) Phase Matrix Signal Generators, Model # 1140B-F14

Estimated Cost: \$ [REDACTED]

Requested Delivery: 10/31/14

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.

Phase Matrix Inc. is the original equipment manufacturer (OEM) of the Signal Generators requiring repair and calibration. Phase Matrix is uniquely in possession of the proprietary data, replacement parts, and technical expertise to repair and calibrate the components. Phase Matrix is the United States Marine Corps approved source for the required services and the only source with acceptable certification that the components are operating at the OEM's intended parameters.

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:

A patent, copyright, or proprietary data limits competition. The proprietary data are described as follows:

These are "direct replacement" parts/components for existing equipment.

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.

 _____ Date 10-8-14

Printed Name, Title [Project Officer] Evan Starr, Material Management Supervisor

(Signature)  _____ Date 10/8/14

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

SMALL BUSINESS COORDINATION RECORD

REPORT CONTROL SYMBOL
DD-AT&L(AR)1862

1. CONTROL NO. (Optional) 15-005	2. PURCHASE REQUEST NO./ REQUISITION NO. M94700-4275-1212	3. TOTAL ESTIMATED VALUE (Including options) [REDACTED]	4. SOLICITATION NO./CONTRACT MODIFICATION NO. M67004-15-T-0003
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5. BUYER a. NAME (Last, First, Middle Initial) Tipton, George III b. OFFICE SYMBOL S1940	c. TELEPHONE (229)639-6418 6a. FEDERAL SUPPLY CLASS (FSC/SVC) CODE J066
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6. ITEM DESCRIPTION (Including quantity)
CLIN 0001 Service, Phase Matrix Inc. Signal Generator, 1 Each, Model/N: 1140B-F14
CLIN 0002 Service, Phase Matrix Inc. Signal Generator, 1 Each, Model/N: 1140B-F14
CLIN 0003 Service, Phase Matrix Inc. Signal Generator, 1 Each, Model/N: 1140B-F14

7. TYPE OF COORDINATION (X one) <input checked="" type="checkbox"/> INITIAL CONTRACT <input type="checkbox"/> MODIFICATION <input type="checkbox"/> WITHDRAWAL	8. SMALL BUSINESS SIZE STANDARD a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE 811219 b. NO. OF EMPLOYEES \$19.0 c. DOLLARS
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9. RECOMMENDATION (X as applicable) YES NO (If all recommendations are "No," explain in Remarks.) a. SECTION 8(a) (X one) <input checked="" type="checkbox"/> (1) COMPETITIVE <input checked="" type="checkbox"/> (2) SOLE SOURCE b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE <input checked="" type="checkbox"/> c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE (List percentage) <input checked="" type="checkbox"/> d. SMALL BUSINESS (SB) SET-ASIDE (List percentage) % <input checked="" type="checkbox"/> e. EMERGING SMALL BUSINESS SET-ASIDE % <input checked="" type="checkbox"/> f. EVALUATION PREFERENCE FOR SDBs <input checked="" type="checkbox"/> g. HURZONE SET-ASIDE <input checked="" type="checkbox"/> h. HURZONE SOLE SOURCE <input checked="" type="checkbox"/> i. HURZONE PRICE EVALUATION PREFERENCE <input checked="" type="checkbox"/> j. SERVICE-DISABLED VETERAN SB SET-ASIDE <input checked="" type="checkbox"/> k. SERVICE-DISABLED VETERAN SB SOLE SOURCE	10. ACQUISITION HISTORY (X one) a. FIRST TIME BUY <input checked="" type="checkbox"/> b. PREVIOUS ACQUISITION (X all that apply) (1) SECTION 8(a) (2) SDB SET-ASIDE (3) HBCU/MI SET-ASIDE (4) SB SET-ASIDE (5) OTHER (Sole Source) <input checked="" type="checkbox"/> (6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION (7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION (8) WOMAN OWNED SB (9) SERVICE-DISABLED VETERAN SB
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11. SB PROGRESS PAYMENTS (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. SUBCONTRACTING PLAN REQUIRED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. SYNOPSIS REQUIRED (X one) (If "No," cite FAR 5.202 exception) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (5.202-2)
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14. REMARKS
Recommend solicitation on a sole source basis to Phase Matrix Inc. - See attached J & A (Large Business, Cage 1K8S7). Calibration certification requirements preclude substitute service/calibration. Multiple previous procurement awards to Phase Matrix Inc. on a sole source basis. Most recently M67004-14-P-3243, 14-P-3254 and 14-P-3264.

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE a. NAME (Last, First, Middle Initial) Inhulsen, Dina D. b. SIGNATURE <i>Dina D. Inhulsen</i> c. DATE SIGNED (YYYYMMDD) 20141009	16. LOCAL USE
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17. CONTRACTING OFFICER (X one) <input checked="" type="checkbox"/> CONCURS <input type="checkbox"/> REJECTS a. RECOMMENDATIONS (Document rejections on reverse side) b. NAME (Last, First, Middle Initial) Beaulieu, D. E. c. SIGNATURE <i>[Signature]</i> d. DATE SIGNED (YYYYMMDD) 20141009	18. SMALL BUSINESS SPECIALIST (X one) <input checked="" type="checkbox"/> CONCURS <input type="checkbox"/> APPEALS NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB Specialist. e. NAME (Last, First, Middle Initial) Mosely, Hattie f. SIGNATURE <i>Hattie Mosely</i> g. DATE SIGNED (YYYYMMDD) 20141009
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