

# Limited or Sole Source Recommendation Document

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FOR USE IN OTHER THAN FULL AND OPEN COMPETITION SITUATIONS (Less than \$100K)

1. **Contracting Activity:** Theater Contracting Center, Unit 23156, APO, AE 09227-3156

2. **Description of Action:** \_\_\_\_\_

Requirement:  New  Follow-On  
Pricing:  Firm-Fixed Price  Time & Material  Cost Reimbursement  
Funds:  OMA  Other : \_\_\_\_\_  
(specify type)

Intended Contractor Information:

Contractor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. **Description of Services:** The estimated value of the proposed action is \$ \_\_\_\_\_. Describe below the services or supplies, including make & model number, to be acquired.

4. **Authority Cited:** Identify the statutory authority, FAR title and FAR citation permitting other than full and open competition. Choose one of the following.

\_\_\_\_ (a) 10 USC 2304(c)(1) ; FAR 6.302-1: Only one responsible source and / or no other supplies or services (Brand Name) will satisfy agency requirements OR

\_\_\_\_ (b) 10 USC 2304(c)(2) ; FAR 6.302-2: Unusual and compelling urgency.

5. **Reason for Authority Cited:** State why this is the only source that can provide the required supplies or services or if a brand name product (limited source) is required.

(a)\_\_\_\_ Services or supplies can only be provided from the original source as this is a follow-on requirement for the continued provision of highly specialized services or supply item for which integration is required.

(b)\_\_\_\_ Award to any other source would result in substantial duplication of cost to the Government that is not expected to be recovered through competition.

(c)\_\_\_\_ Services/Supplies are needed immediately to avoid serious injury, financial or other to the Gov't.

(d)\_\_\_\_ Brand Name supplies required.

(e) Additional Information:

(i) What harm will come to the Government if desired supplies/services are not provided on time?

[Empty yellow box]

(ii) What harm will come to the Government if desired contractor does not receive the award?

[Empty yellow box]

**6. Actions to Increase Competition:** State what actions will be taken to increase competition before subsequent acquisition of the supplies or services is required.

[Empty yellow box]

**7. Market Survey:** Describe the extent of the market survey conducted to identify all qualified sources and the results thereof. ("Market Survey" is defined as those attempts you made to ascertain whether other qualified sources exist. The survey of the market place may consist of written, telephonic, or worldwide web inquiries.)

[Empty yellow box]

**8. Procurement History:**

Previous Contract or Purchase Order Number: \_\_\_\_\_, or \_\_\_\_\_ N/A

Previously competed? \_\_\_\_\_ N/A \_\_\_\_\_ No \_\_\_\_\_ Yes

Previous authority for less than Full & Open Competition: \_\_\_\_\_

**9. Technical / Requirements Certification:** I certify that the support data under my cognizance that are included in this limited or sole source recommendation are accurate and complete to the best of my knowledge and belief.

Submitted By (Typed name): \_\_\_\_\_

Position Title (Division Chief or higher): \_\_\_\_\_

Phone Number & Email address: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**10. Center Director or RCO Chief Certification / Approval:**

**APPROVED** I certify that the justification is accurate and complete to the best of my knowledge and belief.

**DENIED** Justification submitted does not warrant the use of "Other than Full & Open Competition" procedures.

\_\_\_\_\_  
Director, Theater Contracting Center

\_\_\_\_\_  
Date