



**DEPARTMENT OF THE NAVY  
SPACE AND NAVAL WARFARE SYSTEMS COMMAND  
4301 PACIFIC HIGHWAY  
SAN DIEGO, CA 92110-3127**

**JUSTIFICATION FOR OTHER THAN FULL AND OPEN COMPETITION**

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**J&A NUMBER #17,861 – Amendment 1 (*changes in underline italic*)**

Upon the basis of the following justification, which I hereby approve as the Head of the Contracting Activity, the contract action described below may be solicited and awarded without full and open competition pursuant to the authority of 10 USC 2304 (c)(1).

(1) Contracting Activity

Space & Naval Warfare Systems Command (SPAWAR), San Diego, California *in support of the Program Executive Office – Defense Healthcare Management Systems, Defense Healthcare Management System Modernization (DHMSM) program.*

(2) Description of the Action Being Approved

This Justification & Approval supports a modification to contract N00039-15-D-0044 with Leidos, Inc. to add additional scope, described in Paragraph 3, which is necessary to procure operational management services, *through the Base Ordering Period - Initial Operational Capability Phase (Lot 1) of the contract*, in support of hosting the Electronic Health Record solution procured by the contract.

(3) Description of Supplies/Services

Contract N00039-15-D-0044 was awarded on July 29, 2015 to Leidos, Inc. after a full and open competition. The total award ceiling was \$4,336,822,777 across a potential 10-year ordering period, if all optional ordering periods are exercised and award terms are earned. The contractor will provide an off-the-shelf (OTS) electronic health record (EHR) system for deployment across the Department of Defense (DoD) enterprise. Leidos, the prime contractor, serves as the service provider-integrator (SPI). The DHMSM EHR consists of inpatient and outpatient solutions from Cerner and a dental solution provided by Henry Schein. The DHMSM EHR will replace functionality of core legacy systems (AHLTA, CHCS, and Essentris, among others), and will be deployed to both fixed medical treatment facilities and operational medicine facilities worldwide. The Leidos Partnership will support the integration, configuration, testing, deployment, training, and sustainment of the DHMSM EHR.

The DHMSM EHR will communicate via existing DoD IT Networks (DODIN) as well as Defense Health Agency (DHA) infrastructure to support the solution. The Medical Community of Interest (Med-COI) network provides this infrastructure backbone and supports the legacy EHR capability as well as the new DHMSM EHR. In addition to network infrastructure, the DHMSM EHR solution must have a hosting infrastructure in which to deploy the solution, store data generated by the system, and provide any server-side application processing.

The Request For Proposals (RFP), leading to the award of the contract to Leidos, contemplated the required hosting solution. Offerors were instructed that the Government would provide either a

traditional DISA hosting solution, or a Government-approved commercial solution at the enterprise hosting level. This was referred to as “Tier 1” hosting. Any site-specific, or non-enterprise hosting at various levels were required to be proposed and provided by the contractor, which was referred to as Tiers 2 through 4 depending on whether they were regionally or locally located. The scope being added under authority of this J&A will allow for the ordering of operational management services, to include Tier 1 hosting, on the IDIQ contract, rather than the Government providing a separate enterprise hosting solution.

The Government’s strategy when developing the RFP for this performance based contract anticipated differing solutions that utilized some varying amount of centralized, regional, and local hosting instances, depending on a particular solution’s architecture. The Leidos solution is unique in that it provides [REDACTED]

Further, the architecture of the contracted EHR [REDACTED]

In the RFP, offerors were required to complete a pricing attachment that reflected the scale and estimated price for the offeror’s proposed Tier 1 solution based upon pricing assumptions provided by the Government, which were derived from the traditional DISA model. The resulting information was used to consider the impact of the vast differences that the Government anticipated in architecture needs (i.e., highly centralized, decentralized, virtualized, etc.) for the different solutions, and to create a common basis for proposal evaluation. The price for these hosting services was included in the total evaluated cost/price calculation and, thus, in the source selection decision, but not included in the final contract award value. The Government expected that the architecture of a particular solution would drive the requirements for the size and complexity of the hosting; therefore, not including this in the evaluated cost/price could have unfairly favored one offer over another depending on the proposed architecture. For example, offerors with extensive infrastructure needs at Tiers 2 through 4 would have unfairly looked far more expensive than offerors without these needs, yet the Government would still be required to expend funds to obtain Tier 1 infrastructure. Given that underlying architecture is the primary driver of price, not who provides the hosting, and that the Government already considered this in its source selection decision, the decision to utilize contractor-provided hosting would not have impacted the source selection decision.

During the October DoD Senior Steering Group, and based on the technical analysis of the LPDH solution, and its market research, USD (AT&L) provided direction to implement a commercial hosting strategy instead of utilizing DISA. Based on the analysis, documented in the original J&A and herein, the Government determined that Cerner, an LPDH team member, is the only commercial source available capable of meeting the Government’s requirements.

Under authority of the original J&A, the Performance Work Statement (PWS) for contract N00039-15-D-0044 was modified on 29 January 2016 to include scope for Tier 1 hosting services. Subsequently, the Government requested rough order of magnitude (ROM) pricing information for Tier 1 hosting services. Because the Government could not solicit pricing information prior to the approval of the original J&A, the Government utilized its IGE for obtaining commercial hosting on a competitive basis to set the value for the original J&A. The ROM cost for Cerner to provide Tier 1 hosting services for the DHMSM EHR exceeded those estimated by the Government in the original J&A. This does not change the contract ceiling, nor does it change the fundamental underlying rationale of the original J&A. Cerner remains the only source capable of providing Tier 1 hosting services while enabling the full functionality of the EHR’s additional clinical capabilities. The period of performance of contract N00039-15-D-0044 will also remain unchanged.

Because of the increased cost, the Government determined that, while Cerner is currently the only capable source (as detailed in Paragraph 5), it is in the Government's best interest to limit the scope of this J&A to Lot I (Base Ordering Period - Initial Operational Capability Phase of the contract, which is currently scheduled through Q4FY17), and to reevaluate potential options to enable this functionality through competitive means prior to exercising Lot II (Option Ordering Period - Deployment Phase 1), the first optional ordering period of the contract. The scope of the J&A includes the estimated work necessary to transition to another source if one becomes available for Lot II.

**Estimated Dollar Value (millions)**

	<u>Contract</u> <u>Yr 1</u>	<u>Contract</u> <u>Yr 2</u>	<u>Contract</u> <u>Yr 3</u>	<u>Total</u>
<u>RDT&amp;E</u>	<u>\$29.9</u>	<u>\$35.3</u>	<u>--</u>	<u>\$65.2</u>
<u>O&amp;M</u>	<u>--</u>	<u>--</u>	<u>\$8.5</u>	<u>\$8.5</u>
<u>Total</u>	<u>\$29.9</u>	<u>\$35.3</u>	<u>\$8.5</u>	<u>\$73.7</u>

(4) Statutory Authority Permitting Other Than Full and Open Competition

10 U.S.C. 2304(c)(1), One source or limited sources.

(5) Rationale Justifying Use of Cited Statutory Authority

Direct access to proprietary Cerner data, which is only available as a managed service within Cerner-owned and operated data centers, is required to enable the full functionality of the DHMSM EHR. Therefore, no vendor other than Cerner, as a member of the Leidos team, can satisfy the requirement. Hosting services are a critical component of delivering the DHMSM EHR solution, especially when considering that the DHMSM EHR solution to be delivered [REDACTED]

The DHMSM EHR must be capable of meeting or exceeding the key system attributes to include availability, maintainability, reliability, security, and performance, in addition to delivering the 60 primary functional capabilities that allow for the delivery of healthcare in accordance with the Military Health System's (MHS) Concepts of Operations (CONOPS). To deliver these capabilities, Leidos proposed a suite of products delivered by Cerner and Henry Schein. In addition to the 60 required capabilities, the contract requires the offeror to deliver all products in its commercial suite, as well as any future capabilities added to its commercial suite. As part of the DHMSM solicitation, offerors were allowed and encouraged to propose additional commercial products or capabilities that may be of benefit to the Government, beyond those required in the solicitation, as a way of differentiating potential solutions during source selection. The terms of the contract required licenses to utilize any such products, and the RFP informed offerors that these capabilities would be added to the contract as formal requirements. The Leidos Partnership proposed a suite of products that met the 60 required capabilities and added several additional capabilities. In accordance with the RFP, the additional capabilities were incorporated into the contract as requirements.

While Leidos' solution, to include the proposed additional capabilities, can technically be hosted in a Government or commercial facility, the benefits of these capabilities cannot be fully realized unless they are hosted in the Cerner environment. To fully enable these functionalities, the DHMSM EHR solution requires direct access to proprietary Cerner data including: 1) anonymized patient data from

the entire Cerner community, beyond only the DoD enclave; 2) quantitative models; and 3) strategies utilized by the Cerner solution in support of advanced analytical capabilities. *Currently, this* is offered by Cerner only as part of its commercial managed services offering (which also includes hosting), and is only available within [REDACTED] Cerner-owned and operated data centers. The proprietary data consists of quantitative models and strategies, which are the result of extensive Cerner-funded research and development efforts conducted over 15 years. The models are based on analysis of clinical, operational, and financial data associated with more than [REDACTED] health records from more than [REDACTED] medical institutions. The models incorporate vast amounts of actual longitudinal patient data and information collected through other Cerner applications covering more than [REDACTED] patients. Forward deploying the DHMSM EHR into any other hosting solution would prevent access to these models and data (and would be limited to a DoD-only dataset) because Cerner only offers them to customers as part of its commercial managed services solution.

The Leidos solution is capable, from a technical perspective, of being hosted in Government-provided Tier 1 enterprise datacenters (i.e. Government or commercial facilities), and is, thus, fully compliant with the requirements of the DHMSM contract. Moreover, the evaluation of responses to the Government's September Hosting RFI (discussed below), along with technical data about the EHR solution delivered under the contract, confirmed that commercial options to host the DHMSM EHR solution are available, from a technical perspective. Nevertheless, all identified solutions would require access to the Cerner proprietary data, and Cerner has asserted to the Government that it does not allow for connection to these managed services by any other commercial entity, and that it does not resell these services through any other source.

The additional capabilities, proposed as part of the Leidos solution and incorporated into the contract, provide functionality that utilizes machine learning and computational statistics to enable predictive analysis and decision support. The full benefit of these functionalities is considered to be of significant value to DoD clinicians, end-users, and all beneficiaries; and can directly impact patient outcomes. Among many examples are:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The Cerner proprietary information is utilized by these capabilities, which were already procured under the DHMSM contract. While the capabilities will function in other facilities, without access to the proprietary Cerner information, they will be limited to utilizing only DoD data, which greatly impacts the accuracy of the analytics given the much smaller population of data which, in turn, could negatively impact patient outcomes. As described above, the additional capabilities provide for greater insights into patient care, safety, and risks, which the MHS community desires to utilize. Given the benefits of the additional capabilities to clinicians and beneficiaries, the MHS' desire to leverage the functionality to improve patient safety and care, and the fact that the capabilities have been incorporated into the contract as requirements, fully enabling the capabilities is clearly in the best interest of the Government, or until other solutions are commercially available.

As this data is proprietary and the result of private expenditures and research and development, the Government does not have rights to access or use this data, or to provide it to other entities for use outside of the Cerner data centers. Allowing a third-party to host or to have access to the Cerner proprietary data could adversely impact Cerner's financial viability and competitive market advantage. The DHMSM EHR must be co-located at the commercial Cerner hosting centers for the DoD to fully utilize the benefits provided by modules such as [REDACTED], unless these barriers to access can be alleviated.

Under the DHMSM contract, the Government paid [REDACTED] for enterprise licenses to the Cerner suite, which represents a [REDACTED] discount from their commercial pricing. The Government expects that conducting a smaller volume competitive procurement among higher priced offerings, to obtain other analytical modules, would likely not result in [REDACTED] and would result in considerable additional expense. Further, initial system configuration is priced at [REDACTED], almost half of which has already been expended to date configuring the existing system. As a result, reconfiguring the system to utilize analytical modules and the accompanying data would result in a substantial duplication of cost, well in excess of the entire cost of hosting the solution. This would also fundamentally alter the Government's strategy of procuring a commercial-off-the-shelf EHR as it would result in a "fork" of the Cerner suite that would have modules integrated into it that are not part of Cerner's commercial offering. This would result in even further duplication of cost and considerable administrative burden because DoD would be responsible for the maintenance and

upkeep of the entire “forked” system instead of just its portion of the maintenance of the commercial system that Cerner’s other commercial customers contribute to.

The hosting environment must be instantiated in time to support developmental testing and operational testing of the DHMSM EHR by 2QFY16. Further, this testing must be completed to meet the deployment activities of EHR solution as required by the National Defense Authorization Act (NDAA) of 2014, Section 713, which states that DoD shall, “deploy modernized electronic health record software supporting clinicians of [DoD] by no later than December 31, 2016.” If these activities do not occur as scheduled, the system will not be able to deploy, and contract resources in place to conduct deployment activities such as training, change management, and site activation will be subject to Government delay, resulting in further potential duplication of cost. These delays would also further extend the life of many legacy systems; retiring these legacy systems was one of the key benefits identified in the Government Economic Analysis. Because, and as mentioned above, the RFP allowed for flexibility in proposing the DHMSM EHR solution and because the selected solution served to determine the requirements for enterprise hosting, the Government could not have conducted the procurement for the hosting environment until after award of the DHMSM EHR contract. Exploring further solutions, to include conducting competitive procurements for the enterprise hosting solution, would result in unacceptable delays in fulfilling the requirements. For example, in order to enter contractor testing, prior to Government developmental testing, the system must have both a clinical (e.g., content, workflows, business processes) and technical (e.g., architecture, system design) baseline to configure the solution that will be tested. The Government estimates that it would take between 30 and 60 days to perform this reconfiguration, and at least an additional 90 days to conduct a competitive procurement, resulting in a delay entering testing that would conclusively prevent the Government from meeting the NDAA requirement. This would also result in further duplication of cost, as the Government would have to maintain its independent test and evaluation teams and support staff for this extended period of time. Because these circumstances are limited to the immediate fielding at IOC (Lot I), the Government has determined that it will attempt to explore potential solutions to enable competition prior to exercising Lot II.

Cerner has asserted that it is not willing to negotiate at this time for the procurement of the data rights that would enable the Government to utilize the Cerner solution in a competitive environment. Thus, competing the hosting solution would either negatively affect patient outcomes or result in significant duplication of cost that is unlikely to be recouped through competition. The Government’s original IGE estimated the cost of commercial hosting to be approximately \$50.7M over 10 years. The ROM cost for Cerner to provide Tier 1 hosting services for the DHMSM EHR exceeded those estimated by the Government in the original J&A. This is due to differences between ordinary commercial hosting and the bundled managed services offered by Cerner as its standard commercial practice, which is the only level of service available from Cerner. Some of the differences include: healthcare IT-specific hosting expertise; guaranteed availability that exceeds standard commercial offerings, which is backed up by SLAs that provide for monetary penalties; technology obsolescence protection; and proprietary knowledge of the operating requirements of Cerner Millennium. The Government does not contend that other commercial providers cannot provide some or all of these benefits, only that its initial estimate did not include them, and any other commercial or Government provider who could provide them would also likely have done so at an added cost. The Government has determined that enabling the advanced clinical analytical capabilities is in the Government’s best interest, even in light of the additional cost for hosting (which is the only level of service Cerner provides). The results of this analysis are detailed below.

As stated in the original J&A, the MHS functional community perceives a tremendous benefit to patient care and safety by fully enabling these capabilities. Further, because of the increased cost, the Government performed additional benefit analysis, to include analyzing the additional clinical

capabilities and platforms that would be available to the MHS, the clinical workflows these capabilities could enable, and how these enhanced workflows would impact a hypothetical patient with typical post-combat injuries. The additional analysis further confirmed that the potential clinical benefits described in the original J&A are of benefit to the MHS.

In addition to the clinical benefits to DoD service members and their beneficiaries, the Government considered the economic benefits of the additional analytical capabilities. This could result in an anticipated cost savings in the operation of the DHMSM solution, as well as allowing the MHS to gain significant efficiencies throughout its enterprise. Some potential savings include, but are not limited to: 1) retiring additional business intelligence programs, 2) not replacing legacy business intelligence programs with discrete modernized capabilities, 3) reducing infrastructure costs (i.e. circuits/bandwidth between disaster recovery/COOP sites, which Cerner includes in its managed service), 4) cost avoidance related to implementing Cerner code changes, and 5) economies in managing the environment centrally.

Given: (1) the benefits of the additional capabilities to clinicians, beneficiaries, and MHS IT operations; (2) the MHS' ability to leverage the functionality to improve patient safety and care; (3) schedule impacts of utilizing another solution; and 4) additional potential economic benefits, fully enabling the capabilities for Lot I is clearly in the best interest of the Government, even in light of the additional costs for hosting. As described above, even though the Government contemplated a hosting solution in the original J&A, the Government underestimated the costs for hosting in its initial estimate. This amended J&A accounts for the increased cost, but, importantly, even the increased cost would not require an increase in contract ceiling and does not change the fundamental rationale underlying the original J&A. Cerner, an LPDH team member, is still the only source capable of providing Tier 1 hosting services while fully enabling functionality of the additional clinical capabilities. No other hosting solution can currently allow for access to the Cerner proprietary information required to enable the capabilities for the Base Ordering Period.

(6) Description of Efforts Made to Solicit Offers from as Many Offerors as Practicable

To assess the interest and capability present in the commercial marketplace, SPAWAR, on behalf of the DHMSM program, released a request for information (RFI) regarding the hosting requirements on September 21, 2015. The RFI posed a number of questions related to environments, security, location, physical security, capacity, scalability, continuity, performance, managed services, and price. The RFI resulted in 19 responses from both large and small businesses. Upon review of the information provided and through engineering assessment of the DHMSM EHR solution, the Government determined that none of the respondents, with the exception of Cerner, were capable of hosting the DHMSM solution so that the additional capabilities associated with access to the proprietary Cerner data (as addressed above) could be obtained. Respondents were not asked in the RFI to demonstrate how they could obtain access to Cerner proprietary data because of Cerner's assertions that they do not provide access outside of their managed service offerings.

The Government has also worked closely with the DoD Chief Information Officer to explore the possibility of hosting the solution in Government datacenter environments; however, these environments present the same barriers to access as commercial solutions.

On December 18, 2015, the Government issued a synopsis (N00039 SNOTE 000C62BA) through its SPAWAR e-Commerce and FedBizOps portals that advised industry of its intent to proceed on a sole source basis. The synopsis established a deadline for responses of January 04, 2016. The

Government received four responses from interested parties that challenged the sole source notification:

Company	Address	
CSC Government Solutions LLC	Falls Church, VA	
IBM US Federal, Global Business Services	Bethesda, MD	
Amazon Web Services, Inc.	Herndon, VA	
General Dynamics Information Technology, Inc.	Frederick, MD	

█ of the responses █ describe technical solutions utilizing a variety of methods to connect the DHMSM EHR back to the Cerner proprietary data, while utilizing appropriate safeguards. The methods include the use of secure protocols, encryption, virtual private clouds, etc. The Government does not fundamentally dispute any of the technical assertions in the responses, and, in fact, considers some of them to have technical merit in that the solution described would be viable if access to Cerner data could be obtained. Nevertheless, none of the solutions could obtain access to Cerner's proprietary data, which is only available as part of Cerner's managed service offering. Cerner does not allow third-party access and will not enter discussions with the Government to procure the necessary rights to grant third-part access.

█ of the responses █ assumed that the Government has sufficient data rights to compel Cerner to grant access to this proprietary data. However, this assumption is incorrect. The Government did not request these rights as part of the RFP or obtain these rights under the contract, and Cerner will not specifically negotiate access rights post award. █ also suggests replacing the Cerner analytical modules with a module from another vendor to allow hosting the solution in other facilities. The Government has already procured an EHR solution, which includes analytical modules, and replacing these modules would result in considerable inefficiency and duplication of cost.

Finally, █ response █ failed to provide a technical solution, but asserted that any systems integrator can engage with Cerner to obtain access to the Cerner proprietary data, but provides no supporting evidence demonstrating the ability to obtain access, such as letters of intent from Cerner, previous experience obtaining access to Cerner's proprietary data when working with Cerner, etc. As such, this response is speculative, and does not indicate a viable solution, especially given the direct assertion by Cerner that they do not provide access outside of their managed service offering.

Because the Government synopsis informed all interested parties that they must clearly demonstrate an ability to obtain access to the proprietary Cerner data, and none of the responses did so, the Government determined that further discussions were unnecessary. The Government responded in writing to each interested party that responded to the synopsis to inform them of the result of the Government's analysis; specifically, that while their solutions may have technical merit with the exception of █, it was not clear how their solutions would overcome the restrictions on access to proprietary Cerner information. The interested parties were further informed that fully enabling the additional capabilities has been determined to be in the best interest of the Government and that the only viable technical solution for fully enabling these capabilities is through the proposed sole source modification to the Leidos and Cerner team under contract N00039-15-D-0044.

The amended dollar value of this J&A does not affect the Government's determination that none of the previous respondents are capable of hosting the DHMSM solution with the full functionality analytical capabilities enabled, during the Base Ordering Period. Additionally, because the proposed contract action was previously synopsized in sufficient detail, the Contracting Officer has determined that further notice of this action is not necessary.

(7) Determination of Fair and Reasonable Cost

The Contracting Officer has determined the anticipated cost to the Government of the supplies/services covered by this J&A will be fair and reasonable. Prior to issuance of any task orders under the IDIQ contract, the Contracting Officer will perform cost/price analysis comparing the proposed solution to other similar commercial and Government options.

(8) Actions to Remove Barriers to Future Competition

N00039-15-D-0044 provides for the delivery of perpetual, enterprise licenses for the DHMSM EHR solution. The DHMSM Acquisition Strategy anticipates one or more competitive follow-on contracts to sustain the EHR solution, for which the Government owns a perpetual license, at the conclusion of the period of performance *of the basic contract, which includes four distinct ordering periods*. The Government is *committed to 1) its duty under the Competition in Contracting Act to develop a performance specification that will support competition for future acquisitions of the same or similar items after the Base Ordering Period (Lot I), and 2) ensuring it meets its requirements in the most cost-effective way, especially given the relative immaturity of the nascent market for advanced clinical capabilities. As a result, the Government has determined that it is in its best interest to maintain the flexibility to reevaluate its hosting needs at the end of the Base Ordering Period (Lot I), prior to exercising the first option period, and is therefore limiting the scope of this J&A to the Base Ordering Period.*

*Given the developing market, there is a high potential for change in the market place during the Government's Base Ordering Period. Further, the legal and regulatory environment is evolving, particularly in relation to the ownership of healthcare data, interoperability, cybersecurity, and other dynamic issues affecting information technology in general, and health IT specifically. Given these circumstances, the Government has determined that the conclusion of the Base Ordering Period is a reasonable time to re-evaluate its ability to compete the services contemplated in this J&A.*

In order to *facilitate this re-evaluation*, the Government *anticipates it may be able to take actions such as: 1) obtaining data rights to the Cerner proprietary data, 2) monitoring the marketplace for cost-effective alternatives to the Cerner capabilities, 3) re-configuring the baseline to host portions of the system competitively, and 4) exploring options to obtain a larger body of data from other Government sources, such as the Department of Veterans Affairs, Department of Health and Human Services, and the Department of State.* While Cerner has currently indicated that it will not negotiate for these rights, *the Government will continually explore the matter as circumstances evolve throughout the product's lifecycle, as it seeks to maximize competition and reduce lifecycle costs. If, after the Base Ordering Period, the Government determines that the LPDH team is still the only source capable of delivering these services, a new J&A will be executed that will describe the rationale behind that determination, and document the outcome of actions taken in the meantime, such as the ones above, to remove the barriers to competition, and why those actions proved to be unsuccessful.*

**CERTIFICATIONS AND APPROVAL**

**TECHNICAL/REQUIREMENTS CERTIFICATION**

I certify that the facts and representations under my cognizance which are included in this Justification and its supporting acquisition planning documents, except as noted herein are complete and accurate to the best of my knowledge and belief.

**DHMSM CHIEF ENGINEER, TECHNICAL COGNIZANCE:**

[Redacted signature block]

**MHS FUNCTIONAL CHAMPION, REQUIREMENTS COGNIZANCE:**

[Redacted signature block]

**LEGAL SUFFICIENCY REVIEW:**

[Redacted signature block]

**CONTRACTING OFFICER CERTIFICATION:**

I certify that this Justification is accurate and complete to the best of my knowledge and belief.

	<b>Matthew G. Hudson</b>	<b>703-588-5564</b>	<b>05 MAY 16</b>
Signature	Name	Phone No.	Date

**HEAD OF THE CONTRACTING ACTIVITY APPROVAL:**

Upon the basis of the above justification, I hereby approve, as Head of the Contracting Activity, the solicitation of the proposed procurement(s) described herein using other than full and open competition, pursuant to the authority of 10 U.S.C. 2304(c)(1), one source or limited sources.

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