

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignation, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	<i>Branch Dental Clinic, Naval Air Station, Miramar, San Diego</i>
Acronym(s) used in correspondence	<i>BDCMIR San Diego</i>
Commonly accepted short title(s)	<i>BDCMIR San Diego</i>

- Complete Mailing Address

Director, Branch Dental Clinic
 Naval Air Station, Miramar
 Bldg. 495
 San Diego, CA 92145

- PLAD

NAVDENCEN SAN DIEGO

- PRIMARY UIC: ^{35735 SA} 66022(*) (Plant Account UIC for Plant Account Holders)
 (*) For Class-III Plant Account only.

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): 35735 PURPOSE: For DIRS reporting

2. PLANT ACCOUNT HOLDER:

- Yes No (check one)

3. **ACTIVITY TYPE:** Choose most appropriate type that describes your activity and completely answer all questions.

• **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

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• Yes _____ No X (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes X No _____ (check one)

- Primary Host (current) UIC: 60259
- Primary Host (as of 01 Oct 1995) UIC: 60259
- Primary Host (as of 01 Oct 2001) UIC: 60259

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes _____ No X (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
Not applicable		

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
Not applicable				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

BRAC-93. Realignment of NAS Miramar to a Marine Corps Air Station may require transfer of branch dental clinic functions to a Marine Dental Unit/Company.

(UIC - 66022) 35735^{GA}

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area to ensure the highest possible degree of operational readiness.
- Conduct appropriate education and training programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.
- Participate as an integral element of the Navy and Tri-Service Regional Health Care System.
- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

Provide comprehensive dental care, administrative services, and logistical support that absolutely delights our customers through:

- Training and development.
- Efficient Personnel utilization.
- Effective material, facilities, and patient management.
- Commitment to quality of life issues.

8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- Not applicable.

Projected Unique Missions for FY 2001

- Not applicable

(UIC - ~~66022~~ ³⁵⁷³⁵ _{05A})

- T.C. SPLITGERBER 619-556-8200 619-556-8559 N/A
 CAPT, DC, USN DSN-526-8200 DSN-526-8559
 Commanding Officer

- DANILO L. YU 619-556-8217 619-556-8221 N/A
 LCDR MSC USN DSN-526-8217 DSN-526-8221
 BRAC Coordinator

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

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13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Not applicable</i>		

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36" x 42" (2 copies, if available); and 11" x 17" (12 copies).)

- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½" x 11".)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT S. J. ANCOWITZ, DC, USN

NAME (Please type or print)

CDR T.E. Conway (Acting)
Signature Dir

DIRECTOR

Title

27 Jan 94
Date

BRANCH DENTAL CLINIC, NAVAL AIR STATION, MIRAMAR, SAN DIEGO

Activity

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T. C. SPLITGERBER, DC, USN
NAME (Please type or print)
COMMANDING OFFICER
Title
NAVAL DENTAL CENTER, SAN DIEGO
Activity

T. C. Splitgerber
Signature
2 Feb 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

(UIC - ~~66022~~) 35735
60A

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)
SURGEON GENERAL/CHIEF BUMED
Title

Donald Hagen
Signature
2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Title

Signature

Date

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

J. B. GREENE, JR
NAME (Please type or print)
ACTING DCNO (LOGISTICS)
Title

J. B. Greene Jr
Signature
16 FEB 1994
Date

Division

Department

Activity

Document Separator

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**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAS MIRAMAR CA
ACTIVITY UIC: 35735**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

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MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	98811	53440	104000	104000	104000	180000	180000	180000	180000
UNMET	25631	20190	0	0	0	0	0	0	0
TOTAL	124442	73630	104000	104000	104000	180000	180000	180000	180000

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

MET = Total CTV FY-93 = 98,811

UNMET =	CLASS	RECORDS	MULTIPLES	UNMET NEEDS
	2	3,249	4.55	14,782
	3	725	9.20	6,670
	4	876	4.77	<u>4,179</u>
			TOTAL	25,631

MET = Total CTV FY-94 (6 mos. X 2) = 53,440

UNMET =	CLASS	RECORDS	MULTIPLES	UNMET NEEDS
	2	2,595	4.55	11,807
	3	555	9.20	5,106
	4	687	4.77	<u>3,277</u>
			TOTAL	20,190

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

SAME AS NUMBER 1.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET								
UNMET								
TOTAL								

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	9	9	9	9	9	20	20	20	20
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	2	2	2	0

BRAC-95 CERTIFICATION

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The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT S.J. ANCOWITZ, DC, USN
NAME (Please type or print)


Signature

DIRECTOR
Title

25 May 94
Date

BRANCH DENTAL CLINIC, NAVAL AIR STATION, MIRAMAR, SAN DIEGO
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

Signature

Date

T.C. Splitgerber
26 May 94

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

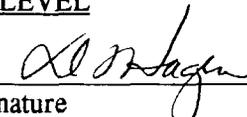
Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)


Signature

CHIEF BUMED/SURGEON GENERAL
Title

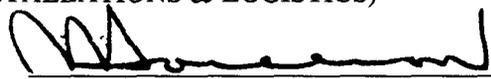
6-17-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)


Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

Activity Information:

Activity Name:	BDC, NAS, MIRAMAR
UIC:	35735
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION, MIRAMAR, SAN DIEGO
Host Activity UIC:	60259

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMP Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

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INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BDC, NAS, MIRAMAR, SAN DIEGO		UIC: 35735	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	56000	0	56000
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	0	0	0
2j. Other (Specify) Telephone	7000	0	7000
Custodial	11000	0	11000
2k. Sub-total 2a. through 2j:	74000	0	74000
3. Grand Total (sum of 1c. and 2k.):	74000	0	74000

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**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

O&M, DPH

c. Table 1B - Base Operating Support Costs (DBOF Overhead).

This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

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INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NOT APPLICABLE		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (> \$15K)			
1b. Real Property Maintenance (< \$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.):			

**DATA CALL 66
INSTALLATION RESOURCES**

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BDC, NAS, MIRAMAR, SAN DIEGO	UIC: 35735
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1866
Material and Supplies (including equipment):	131,624
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	114,760
Total:	248,250

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**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. **On-Base Contract Workyear Table.** Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BDC, NAS, MIRAMAR, SAN DIEGO	UIC: 35735
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	2
Procurement:	0
Other:*	0
Total Workyears:	2

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

CONTRACT DENTIST/DENTAL HYGIENIST

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

2

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT W. M. DERN, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER (Acting)
Title

JUL 13 1994
Date

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

R.R. Skog

Signature

14 July 1994

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity

D.F. Hagen

Signature

7-19-94

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title

W.A. Earner

Signature

7/27/94

Date

452

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAS MIRAMAR CA
ACTIVITY UIC: 35735**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

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MISSION REQUIREMENTS

1. **Mission.** State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

Provide dental services to personnel attached to Naval Air Station, Miramar and tenant commands located on the base. Provide dental services, excluding implant procedures and oral surgery (only exodontia) to other authorized beneficiaries in the area.

Perform other functions as may be directed by the Commanding Officer NAS Miramar.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VAW 88	09074	NAS MIRAMAR	648
AIMD	44322	NAS MIRAMAR	522
VF-2	09113	NAS MIRAMAR	317
VF-213	09934	NAS MIRAMAR	281
VAW-110	09048	NAS MIRAMAR	277
VF-111	09603	NAS MIRAMAR	254
VF-31	09473	NAS MIRAMAR	245
VF-51	09475	NAS MIRAMAR	236
VF-24	09932	NAS MIRAMAR	209
VAW-114	09462	NAS MIRAMAR	174
VAW-113	09459	NAS MIRAMAR	168
VAW-112	09458	NAS MIRAMAR	167
VAW-117	09985	NAS MIRAMAR	165
VAW-116	09465	NAS MIRAMAR	160
NAS	60259	NAS MIRAMAR	159
VF-302	09120	NAS MIRAMAR	127
VF-301	09108	NAS MIRAMAR	107
VFC-13	52995	NAS MIRAMAR	104
SECURITY	46253	NAS MIRAMAR	115
ARC	66894	NAS MIRAMAR	92
SUPPLY	60259	NAS MIRAMAR	83
NARCE	01943	NAS MIRAMAR	78
OPERATION	60259	NAS MIRAMAR	75
VF-126	09481	NAS MIRAMAR	72

PSD	68557	NAS MIRAMAR	69
NAMID	66064	NAS MIRAMAR	65
VAW-88	09074	NAS MIRAMAR	62
SOD-17	46967	NAS MIRAMAR	58
SOD-14	46962	NAS MIRAMAR	52
COMFLT	55629	NAS MIRAMAR	58
CP-404	66649	NAS MIRAMAR	51
SOD-14	46962	NAS MIRAMAR	56
BRMEDCLINIC	32547	NAS MIRAMAR	47
SOD-15	46962	NAS MIRAMAR	42
SOD-16	46962	NAS MIRAMAR	42
SOD-13	46962	NAS MIRAMAR	35
WEAPONS	60259	NAS MIRAMAR	33
CVW-30	09394	NAS MIRAMAR	32
CVW-15	09747	NAS MIRAMAR	30
PFIC	42343	NAS MIRAMAR	28
BRDENCLINIC	35735	NAS MIRAMAR	26
CVW-11	09734	NAS MIRAMAR	24
CVW-2	09742	NAS MIRAMAR	24
CVW-14	09261	NAS MIRAMAR	25
SOD-18	46962	NAS MIRAMAR	20
APTD	32547	NAS MIRAMAR	17
FASO	66656	NAS MIRAMAR	14
DCAS	48209	NAS MIRAMAR	13
PWC	63387	NAS MIRAMAR	12
NTCC	70240	NAS MIRAMAR	11
CAWS	47397	NAS MIRAMAR	12
NOCD	66472	NAS MIRAMAR	7
CHAPLAIN	60259	NAS MIRAMAR	5
NAESU	30342	NAS MIRAMAR	3

CAAC	68117	NAS MIRAMAR	2

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	6,400
B. FY1993 MET WORKLOAD (CTVs)	98,811
C. FY1993 UNMET WORKLOAD (CTVs)	25,631
D. TOTAL WORKLOAD (B+C)	124,442
E. MET WORKLOAD PER CAPITA (B÷A)	15.4
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.0
G. WORKLOAD PER CAPITA (D÷A)	19.4

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: 124,400

Explanation: Personnel shortage and staffing irregularity especially dental officers, hinders maximum productivity.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY1997	FY1998	FY1999	FY2000	FY 2001
POPULATION	7700	7700	7700	7700	12351	12351	12351	12351
A: TOTAL MET CTVs	53440 — —	104000	104000	104000	180000	180000	180000	180000
B: TOTAL UNMET CTVs	50000 — —	0	0	0	0	0	0	0
C: TOTAL WORKLOAD REQUIREMENT (A+B)	103440	104000	104000	104000	104000	104000	104000	104000
DENTISTS (MIL AND CIV)	9	9	9	9	20	20	20	20

PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	2	2	2	2

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: 104,000

Explanation: 1998 PROJECTED BASE POPULATION:

	OFFICERS	ENLISTED	TOTAL
USMC	1,274	10,558	11,832
USN	<u>122</u>	<u>379</u>	<u>519</u>
TOTAL	1,396	10,937	12,351

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC - 66022**

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

**** NOT APPLICABLE. HOST COMMAND, NAVAL AIR STATION, MIRAMAR, SAN DIEGO, UIC-60259 MAINTAINS THE INVENTORY RECORD.**

PLEASE SEE ATTACHED FACILITIES REPORT.

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
N/A	N/A	N/A	N/A	N/A

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	66022
FACILITY	NAS MIRAMAR, BLDG. 495, NAVAL DENTAL CENTER BOX 147, NAVAL STATION, SAN DIEGO, CA 92136		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT NAS MIRAMAR BRANCH DENTAL CLINIC	01	46' X 191'	BLDG. 495
2. DENTAL TREATMENT ROOM	14	10' X 11'	
3. STERILIZATION ROOM	01	10' X 11'	REMODELING IS COMPLETED
4. X-RAY EXPOSURE ROOM	01	10' X 11'	
5. DARKROOM	01	7' X 8'	TOO SMALL
6. PROSTHETIC LAB	01	11' X 30'	
7. STOREROOM/ SUPPLY ROOM	01	10' X 11'	TOO SMALL
8.			
9. ADMINISTRATIVE OFFICE	01	10' X 11'	TOO SMALL
10. DENTAL OFFICER'S OFFICE	01	11' X 14'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	01	36' X 40'	SHARED WITH MED.
13. RECORDS CONTROL OFFICE	01	11' X 16'	TOO SMALL
14. LOCKER ROOM (MALE)	01	10' X 11'	OFFICER - SMALL
15. LOCKER ROOM (FEMALE)	01	10' X 11'	ENLISTED
	01	11' X 15'	
16. TOILET FACILITY	01	4' X 6'	BR. DIR OFFICE NO URINAL
	01	10' X 11'	
17. TOILET FACILITY	01	9' X 5'	LOCKER ROOM
	02	10' X 6'	
18. OTHER MAJOR ROOMS	01	10' X 11'	TOO SMALL/RECALL COMPUTER ROOM STAFF LOUNGE
	01	20' X 11'	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC CONTINENTAL	13	(13) A4
2. DENTAL OPERATING CHAIR	ADEC 1005	13	(13) A4
	RELIANCE 5000 (X-RAY)	01	(1) A4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300 ADEC DUAL TRACK 6300	13 01	(13) A4 (1) A4
4. CENTRAL VACUUM SYSTEM	U. S. TURBINE 7.5 H.P.	02	(2) A4
5. AIR COMPRESSOR DEHYDRATOR	INGERSOL RAND 2425C AIR TECHNIQUES 56000	01 02	(1) A6 (2) A4
6. STERILIZER	MAGNACLAVE PELTON CRANE	02	(2) A4
7. LIFE SUPPORT EQUIPMENT	LIFEPAK 6 PHYSIO CONTROL VITAL SIGN MONITOR/KRITITON	01 01	(1) A4 (1) A4
8. OTHER MAJOR EQUIPMENT	ROULAND MCI 350 INTERCOM	01	(1) A6
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE	JELENSKO HT	01	(1) A6
3. BURNOUT OVEN	UNITEK BURNOUT FURNACE	01	(1) A6
4. OTHER PROSTHETIC EQUIPMENT	COE BUILT 444 DUST COLL. KERR CENTRIFICO HANAU CURING UNIT	01 01 01	(1) A6 (1) A6 (1) A6

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT																																																						
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY																																																		
1. STATIONARY INTRA-ORAL	GX 770 GENDEX	01	(1) A4	DEC 91																																																		
	GE 1000 GENDEX	01	(1) A4	DEC 91																																																		
2. MOBILE INTRA-ORAL	LUMIX 6511	01	(1) A4	DEC 91																																																		
3. PANORAMIC	GX PAN GENDEX	01	(1) A4	DEC 91																																																		
4. CEPHALOMETRIC																																																						
5. FILM PROCESSOR	AIR TECH. AT2000	01	(1) A6	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																		
PERI PRO LOCATEDBRIG	01	(1) A6																																																				
PART III - UTILITIES																																																						
1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 110/220 b. CYCLE: 60																																																		
2. GAS:	<input checked="" type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>																																																		
			<input type="checkbox"/>	BOTTLE <input type="checkbox"/>																																																		
				ACETYLENE																																																		
PART IV - REMARKS AND RECOMMENDATIONS																																																						
PART II - DENTAL EQUIPMENT SECTION B - PROS. LAB. EQUIPMENT 4. OTHER PROS. EQUIPMENT COE BILT PNEUMATIC PRESS 01 (1) A6 PART II SECTION (C) BOX 2-PART DOES NOT EXIST AT BDC MIRAMAR PART II SECTION (A) BOX 6-AMSCO SERIES 2011 STERILIZATION NO LONGER EXISTS.																																																						
DATE	TYPED NAME AND GRADE		SIGNATURE																																																			
01 JANUARY 1994	T.C. SPLITGERBER, CAPT, DC, USN																																																					

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7a. Planned Capital Improvements. List the project number, funding year, and value of the non-BRAC related capital improvements planned for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the BRAC related capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-175T	MEDICAL/DENTAL CLINIC	1996	48800K

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

SEE ATTACHED DD Form 1391

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

Extremely important. Close to fleet activities.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Air - 7 miles. Rail - 2 miles. Ground - 1/2 miles

c. What is the importance of your location given your mobilization requirements?

No impact.

d. On the average, how long does it take your current client/customers to reach your facility?

15 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Located in a large metropolitan area. A large pool of qualified applicants are available.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

Branch Dental Clinic, Naval Station, San Diego is the nearest dental facility outside of NAS Miramar. It is approximately 20 miles farther from any units based at NAS Miramar. The distance factor will create several problems

- Additional loss of time from work
- Emergency issues
- Transportation issues
- Other Branch Dental Clinics will have difficulty in absorbing the increase workload
- Will compromise operational readiness

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

The population would be serviced at other Branch Dental Clinics remaining open.

12. Mobilization. What are your facility's mobilization requirements?

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC-66022.**

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
N/A	N/A	N/A

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

13. Quality of Life.

**** NOT APPLICABLE. REPORTED UNDER HOST COMMAND, NAVAL AIR STATION,
MIRAMAR, SAN DIEGO, UIC-60259, DATA CALL NOS. 37 & 38**

13. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)
 yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

- Facility type/code:
- What makes it inadequate?
- What use is being made of the facility?
- What is the cost to upgrade the facility to substandard?
- What other use could be made of the facility and at what cost?
- Current improvement plans and programmed funding:
- Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List ¹	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

¹As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

Top Five Factors Driving the Demand for Base Housing	
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) **BEQ:**

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) **BOQ:**

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION _____ DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

²Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASERE

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			

Document Separator

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			
----------------------------------	--	--	--

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT S.J. ANCOWITZ, DC, USN
NAME (Please type or print)


Signature

DIRECTOR
Title

25 May 94
Date

BRANCH DENTAL CLINIC, NAVAL AIR STATION, MIRAMAR, SAN DIEGO
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity


Signature

26 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

Document Separator

453

PRIMARY UIC: 35728

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

• Name

Official name	<i>Branch Dental Clinic, Monterey, CA</i>
Acronym(s) used in correspondence	BDC Monterey
Commonly accepted short title(s)	<i>N/A</i>

• Complete Mailing Address
Director
Branch Dental Clinic
Naval Postgraduate School
Monterey, CA 93943-5100

PRIMARY UIC: 35728

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes No (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

SEE SECTION 5 • Yes No (check one)

Primary Host is NPGS Monterey (UIC 62271) BUMED-822
[current / 1 Oct 95 / 1 Oct 01] MMS, 14 Jul 94

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes No (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
NONE		

PRIMARY UIC: 35728

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
N/A				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

BRAC 93 mandated the closure of this activities command and control element. Command and control will be transferred to NDC, San Diego on 30 Sep 1996.

PRIMARY UIC: 35728

7. MISSION: To provide dental treatment and support services to Naval personnel attached to fleet and shore based commands.

Projected Missions for FY 2001

- SAME AS ABOVE.

PRIMARY UIC: 35728

8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- NONE

-

-

Projected Unique Missions for FY 2001

- NONE

-

-

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

• Operational name	UIC
Naval Dental Center, SF	68409
• Funding Source	UIC
Naval Dental Center, SF	68409

PRIMARY UIC: 35728

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
• Tenants (total)			
35728 (Monterey)	3	5	2

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
• Tenants (total)			
35728 (Monterey)	3	5	2 ϕ

Point of contact DTC Bagsic, ext 5-4418/4431.

2 ϕ
BUMED-822
MSS, 6 Jul 94

PRIMARY UIC: 35728

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• Director			
CAPT G. W. Troutman	(408)656-2478	DSN 878-2410	(408)649-4212
• Commanding Officer			
CAPT G. H. Graf	(415) 395-3281	DSN 475-4415	(415) 981-7107
• Administrative Officer			
LCDR A. V. Bates	(415) 395-4425	DSN 475-4415	(N/A)

PRIMARY UIC: 35728

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

PRIMARY UIC: 35728

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>None - not applicable</i>		

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

PRIMARY UIC: 35728

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

G. H. Graf

NAME (Please type or print)

Commanding Officer

Title

Naval Dental Center, San Francisco
Activity

G. H. Graf
Signature

28 June 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity

D. F. Hagen
Signature
July 6, 1994
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title

J. B. Greene Jr.
Signature
15 JUL 1994
Date

PRIMARY UIC: 35728

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

G. W. Troutman
NAME (Please type or print)


Signature

Director
Title

28 Jun 94
Date

BDC Monterey
Activity

453

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Monterey
ACTIVITY UIC: 35728

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

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MISSION REQUIREMENTS

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MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	42178	48000	36000	36000	36000	36000	36000	36000	36000
UNMET	4192.52	49153.55	47628.05	49048.74	45636.76	45788.14	45858.01	45858.01	45858.01
TOTAL	46370.52	97153.55	83628.05	85048.74	81636.76	81788.14	81858.01	81858.01	81858.01

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

Calculations based on:

MET CTV = Number of Providers multiplied by 12,000 CTV/YR
 = P1 x 12,000

UNMET Workload (CTV) = Sum of

Class 2 Population x 4.55 = xxxx
 Class 3 Population x 9.20 = xxxx
 Class 4 Population x 4.77 = xxxx
 UNMET CTV xxxxxx

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	48000	48000	48000	48000	48000	48000	48000	48000
UNMET	49153.55	47628.05	49048.74	45636.76	45788.14	45858.01	45858.01	45858.01
TOTAL	97153.55	131628.05	133048.74	129636.76	129788.14	129858.01	129858.01	129858.01

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

Projected UNMET CTV

Assumption: 100% of population will turn Class 4 in one year; fifty percent will turn Class 3 and fifty percent will turn Class 2.

$$C4 \times 4.77 = \text{xxxx}$$

$$C3 \times 0.50 \times 9.22 = \text{xxxx}$$

$$C2 \times 0.50 \times 4.55 = \underline{\text{xxxx}}$$

Projected total UNMET CTV xxxx

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	3	3	6	6	6	6	6	6	6
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT GARY W. TROUTMAN
NAME (Please type or print)


Signature

DIRECTOR
Title

6 JUN 94
Date

BRANCH DENTAL CLINIC *Monterey*
Activity

453

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Monterey
ACTIVITY UIC: 35728

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

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MISSION REQUIREMENTS

1. The mission of the Branch Dental Clinic at the Naval Post Graduate School in Monterey, CA is as follows:

a.) To fully support the strategic plan of Navy Dentistry and the Navy Dental Center, San Francisco, and perform the following tasks;

b.) To provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel on the assigned geographic area as perscribed by Title 10, U.S. Code, and other applicable directives.

c.) To operate assigned component dental facilities.

d.) To ensure that the clinic is maintained in a proper status of material and personnel readiness in support of these forces and activities.

e.) To ensure that all assigned military personnel are aware of, and properly trained for, the performance of their contingency and wartime duties.

f.) To conduct appropriate education programs for assigned military personnel that will ensure that both military and dental health care standards of conduct and performance are achieved and maintained.

g.) To participate as an integral element of the Navy and Tri-Service Regional Health Care System.

h.) To cooperate with the military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
Student NPS	31405	Monterey, CA	1,118
NSGD	30570	Monterey, CA	392
PG Profestng	42091	Monterey, CA	114
FNOC	63134	Monterey, CA	87
Staff NPS	62271	Monterey, CA	83
DLI INST	64355	Monterey, CA	25
NTTC	68067	Monterey, CA	21
FNMOC COMP 15	39027	Monterey, CA	14
PSD	43073	Monterey, CA	14
NMADU	39162	Monterey, CA	9
Branch Dental	35728	Monterey, CA	8
NRLDT	66856	Monterey, CA	6
NEXCH	66288	Monterey, CA	4
BUPERS MNPWR	47891	Monterey, CA	4
PAO	66795	Monterey, CA	3
DRMI	65527	Monterey, CA	2
WNVFEGDIV	45210	Monterey, CA	2
PQMM SPEC	45993	Monterey, CA	1
NSA CSS NCR	41355	Monterey, CA	1
NPS FMPRFTNG	46414	Monterey, CA	1
PG School	48619	Monterey, CA	1
DITRA	49703	Monterey, CA	1

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	1902
B. FY1993 MET WORKLOAD (CTVs)	42178
C. FY1993 UNMET WORKLOAD (CTVs)	4192.52
D. TOTAL WORKLOAD (B+C)	46370.52
E. MET WORKLOAD PER CAPITA (B÷A)	22.176
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.204
G. WORKLOAD PER CAPITA (D÷A)	24.380

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

Calculation based on:

MET CTV = Number of Providers multiplied by 12,000 CTV/YR
 = P1 x 12,000

UNMET Workload (CTV) = Sum of

Class 2 Population x 4.55 = xxxx
 Class 3 Population x 9.20 = xxxx
 Class 4 Population x 4.77 = xxxx
 UNMET CTV xxxxxx

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	4221	4090	4212	3919	3932	3938	3938	3938
A: TOTAL MET CTVs	48000	36000	36000	36000	36000	36000	36000	36000
B: TOTAL UNMET CTVs	49153.55	47628.05	49048.74	45636.76	45788.14	45858.01	45858.01	45858.01
C: TOTAL WORKLOAD REQUIREMENT (A+B)	97153.55	83628.05	85048.74	81636.76	81788.14	81858.01	81858.01	81858.01
DENTISTS (MIL & CIV)	3	3	3	3	3	3	3	3
PROPHY TECHNICIANS (MIL & CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL & CIV)	1	0	0	0	0	0	0	0

Maximum capacity for CTVs: _____

Explanation:

Population based on Raps FY92 baseline report from San Francisco Medical Command through FY99.

Projected UNMET CTV

Assumption: 100% of population will turn Class 4 in one year; fifty percent will turn class 3 and fifty percent will turn class 2.

$$C4 \times 4.77 = \text{xxxx}$$

$$C3 \times 0.50 \times 9.22 = \text{xxxx}$$

$$C2 \times 0.50 \times 4.55 = \text{xxxx}$$

Projected total UNMET CTV xxxx

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

---NOT APPLICABLE---

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	BDC Monterey - PT Care	8,109	16	Adequate

1 Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

2 This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?



DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 January 1992	UIC	35720
FACILITY	Branch Dental Clinic, NPS, Monterey, CA 93943-5100		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROXIMATE SIZE	REMARKS
1. CLINIC UNIT	1	176' x 241'	Bldg 220 HE 4th floor
2. TREATMENT ROOM	1 2 2	11' x 13' 12' x 13' 13' x 13'	
3. STERILIZATION ROOM	1	7' x 12'	
4. X-RAY EXPOSURE ROOM	1	10' x 15'	
5. DARKROOM	1	3' x 6'	Too Small
6. PROSTHETIC LAB	1 1	19' x 21' 6' x 10'	
7. STOREROOM/ SUPPLY ROOM	1 1	10' x 17' 9' x 13'	
8. CONFERENCE ROOM	1	13' x 18'	
9. ADMINISTRATIVE OFFICE	1	9' x 13'	
10. DENTAL OFFICER'S OFFICE	1	11' x 13'	

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11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	7' X 10'	TOO SMALL
13. RECORDS CONTROL OFFICE	1	9' X 13'	
14. LOCKER ROOM (MALE)	1	11' X 13'	LOCKER ROOM SHARED WITH FEMALES
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)	1	7' X 18'	
17. TOILET FACILITY (FEMALE)	1	7' X 10'	
18. OTHER MAJOR ROOMS			

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2071 ADEC 4200	4 1	A4 A5
2. DENTAL OPERATING CHAIR	DEN-TAL-EZ PL200 ADEC PRIORITY 1006 RITTER FX (X-RAY)	1 4 1	A5 A4 A5

NAVMED 6750/4 (5-91)

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3. DENTAL OPERATING LIGHT	PELTON & CRANE LF11 PELTON & CRANE LFC+	4 1	A5 A5
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ MC-202	1	A5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES 54000	2	A5
6. STERILIZER	PELTON & CRANE MARNA-CLAVE DCM VALIDATOR VERNITRON 0000 ALL STEAM	1 1 1 1	A6 A5 A4 A5
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT	ZENITH COMPUTER W/PRINTER	2	

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE	JELENKO TRU-FIRE	1	A5
3. BURNOUT OVEN	JELENKO ACCUTHERM 250	1	A5
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (5-91)

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SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX 6X-1000 JAN88	1	A4	NOV91
2. MOBILE INTRA-ORAL				
3. PANORAMIC	J. MORITA AT VERSAY, EW	1	A4	NOV91
4. CEPHALOMETRIC				
5. FILM PROCESSOR	ALLIED PHOTO AP-201	1	A4	
PART III - UTILITIES				
1. ELECTRIC CURRENT:		a. VOLTAGE	120/220	b. CYCLE 60
2. GAS:	<input checked="" type="checkbox"/> NATURAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
DATE 01 JANUARY 1992	TYPED NAME AND GRADE R. C. TERHUNE, CAPT, DC, USN		SIGNATURE <i>[Handwritten Signature]</i>	

NAVMED 6750/4 (5-91)

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7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned for years 1995 through 1997**.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned for 1995 through 1999**.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

Dental Clinic co-located with the client population allowing easy access to complete mission.

a. What is the importance of your location relative to the clients supported?

Next closest Navy dental facility is 2 hours away. The current co-location is key to this Command.

b. What are the nearest air, rail, sea, and ground transportation nodes?

N/A

c. What is the importance of your location given your mobilization requirements?

N/A

d. On the average, how long does it take your current client/customers to reach your facility?

5 to 10 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

None.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

There is not a unique capability at this clinic.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

Services could be contracted out in town with ease.

12. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

---THERE ARE NO MOBILIZATION REQUIREMENTS---

13. Quality of Life.

---PLEASE REFER TO NPS MONTEREY DATA CALLS #22 & 23---

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

- Facility type/code:
- What makes it inadequate?
- What use is being made of the facility?
- What is the cost to upgrade the facility to substandard?
- What other use could be made of the facility and at what cost?
- Current improvement plans and programmed funding:
- Has this facility condition resulted in C3 or C4 designation on

your
BASEREP
?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

GARY W. TROUTMAN
NAME (Please type or print)

FOR 
ACTING Signature

DIRECTOR
Title

21 JUNE 1994
Date

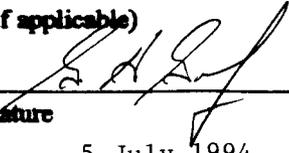
BRANCH DENTAL CLINIC
Activity

BUMED
MED 825
GSA
7/14/95

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

George H. Graf
NAME (Please type or print)
Commanding Officer
Title
Naval Dental Center
Activity


Signature
5 July 1994
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity


Signature
July 15, 1994
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title


Signature
8/13/94
Date

453

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, MONTEREY
UIC	035728
Host Activity Name (if response is for a tenant activity):	Naval Post Graduate School, Monterey
Host Activity UIC:	31405

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead).

This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table

**DATA CALL 66
INSTALLATION RESOURCES**

do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, MONTEREY			UIC:035728
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	.04	.06	.1
1b. Minor Construction			N/A
1c. Sub-total 1a. and 1b.	.04	.06	.1
2. Other Base Operating Support Costs:			
2a. Utilities	7.6		7.6
2b. Transportation			N/A
2c. Environmental	.1		.1
2d. Facility Leases			N/A
2e. Morale, Welfare & Recreation			N/A
2f. Bachelor Quarters			N/A
2g. Child Care Centers			N/A
2h. Family Service Centers			N/A
2i. Administration			N/A
2j. Other (Specify)			N/A
2k. Sub-total 2a. through 2j:	7.7		7.7

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.):	7.7	.06	7.8
---	------------	------------	------------

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

N/A

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 2I., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name:		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			N/A
1b. Real Property Maintenance (<\$15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A
2i. Safety			N/A
2j. Supply and Storage Operations			N/A
2k. Major Range Test Facility Base Costs			N/A
2l. Other (Specify)			N/A

**DATA CALL 66
INSTALLATION RESOURCES**

2m. Sub-total 2a. through 2l:			N/A
3. Depreciation			N/A
4. Grand Total (sum of 1c., 2m., and 3.)			N/A

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC, MONTEREY	UIC:035728
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	3.4
Material and Supplies (including equipment):	27.0
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

Other Purchases (Contract support, etc.):	N/A
Total:	30.4

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. **On-Base Contract Workyear Table.** Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name:	UIC:
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

* Note: Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	N/A

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	N/A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

GARY W. TROUTMAN
NAME (Please type or print)


Signature

DIRECTOR
Title

11 Jul 94
Date

BRANCH DENTAL CLINIC, MONTEREY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

Ronald F. Harring
NAME (Please type or print)

R. F. Harring
Signature

Commanding Officer (Acting)
Title

Date

14 July 1994

Naval Dental Center
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

next page
Signature

Title

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

R.R. Skog

Signature

14 July 1994

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

D.F. Hagen

Signature

8 August 1994

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title

W.A. Earner

Signature

8/30/94

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (delete the examples when providing your input). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	Branch Dental Clinic Naval Air Weapons Station, China Lake
Acronym(s) used in correspondence	BDC, NAWS, China Lake
Commonly accepted short title(s)	CHINA LAKE DENTAL CLINIC

- Complete Mailing Address

Director
Branch Dental Clinic
Naval Air Weapons Station
China Lake, Ca 93555-6001

- PLAD

BRDENCLINIC NAWS CHINA LAKE CA

• PRIMARY UIC: 41769 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

• ALL OTHER UIC(s): N/A PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes _____ No _____ (check one)

41769

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes _____ No X _____ (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes X _____ No _____ (check one)

- Primary Host (current) UIC: 60530
- Primary Host (as of 01 Oct 1995) UIC: 60530
- Primary Host (as of 01 Oct 2001) UIC: 60530

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes _____ No X _____ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

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5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
N/A				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

Disestablishment of Naval Dental Center, Long Beach Command Headquarters and re-alignment with Naval Dental Center, San Diego.

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7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide a state of optimum oral health and ensure dental readiness of active duty Navy and Marine Corps personnel to enable them to accomplish their missions.
- Augment the military medical effort, particularly during periods of armed conflict, mass casualty and other contingencies.
- Maximize quality of life and customer satisfaction.
- Promote wellness.
- Ensure the dental team is trained, ready and equipped to accomplish their mission.
- Support our dental team through ongoing professional development.
- * Assess the oral health of the Navy and Marine Corps reserve.
- * Provide dental health care services to other eligible beneficiaries as authorized by law.

Projected Missions for FY 2001

- SAME AS ABOVE

41769

8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- NONE

Projected Unique Missions for FY 2001

- NONE

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

• Operational name	UIC
<u>NDC, LONG BEACH CA</u>	<u>62947</u>
• Funding Source	UIC
<u>SAME AS ABOVE</u>	<u></u>

41769

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>1</u>	<u>4</u>	<u>1</u>
• Tenants (total)	<u>N/A</u>	<u> </u>	<u> </u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>1</u>	<u>4</u>	<u> </u>
• Tenants Total)	<u>N/A</u>	<u> </u>	<u> </u>

No area 2/2/94

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

	<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC	<u>CO, CAPT K. J. Davis</u>	(310) 547-7436	(310) 547-9375	(310) 831-0387
• Duty Officer		(310) 547-6292		[N/A]
• BrDir,	<u>LCDR D. W. Hamula</u>	(619) 939-8040	(619) 939-6582	(619) 446-7880
	Duty Officer	(619) 939-2911		

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12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Sierra Sands Unified School District</i>	<i>Ridgecrest, CA</i>	<i>MOU</i>

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each,

8½"x 11".)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

41769

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

K. J. DAVIS

NAME (Please type or print)

Signature



COMMANDING OFFICER

2 Feb 94

Title

Date

NAVAL DENTAL CENTER, LONG BEACH, CA

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)

Signature

SURGEON GENERAL/CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

Date 16 FEB 94

454

MISSION REQUIREMENTS

1. **Mission.** State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

Current Missions

- Provide a state of optimum oral health and ensure dental readiness of active duty Navy and Marine Corps personnel to enable them to accomplish their missions.
- Augment the military medical effort, particularly during periods of armed conflict, mass casualty and other contingencies.
- Maximize quality of life and customer satisfaction.
- Promote wellness.
- Ensure the dental team is trained, ready and equipped to accomplish their mission.
- Support our dental team through ongoing professional development.
- * Assess the oral health of the Navy and Marine Corps reserve.
- * Provide dental health care services to other eligible beneficiaries as authorized by law.

Projected Missions for FY 2001

- SAME AS ABOVE

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NARCWD-NAWS	60530	CHINA LAKE, CA	392
VX-9	55646	CHINA LAKE, CA	370
BMC	41425	CHINA LAKE, CA	41
BDC	41769	CHINA LAKE, CA	7
NON-NIF NAWS	47609	CHINA LAKE, CA	28
NTCC	48787	CHINA LAKE, CA	17
ACOPDET	47677	CHINA LAKE, CA	16
PARA T&E	46167	CHINA LAKE, CA	14
EODMU3 DET	30697	CHINA LAKE, CA	10
PSD	43144	CHINA LAKE, CA	12
DECA COM	49199	CHINA LAKE, CA	3
COMOPTEVFORDDET VX9	52818	CHINA LAKE, CA	5
WNAFACENGDIV	44269	CHINA LAKE, CA	5
NAVOCEANCOMDET	66459	CHINA LAKE, CA	5

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVINTACT SP	47357	CHINA LAKE, CA	2
NEX	60824	CHINA LAKE, CA	1
EEAP	47974	CHINA LAKE, CA	1
NAESU DET	35482	CHINA LAKE, CA	1
COMNAVAIRWARCENWEP DIV	68937	CHINA LAKE, CA	2

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	4221 3600
B. FY1993 MET WORKLOAD (CTVs)	31577
C. FY1993 UNMET WORKLOAD (CTVs)	8186
D. TOTAL WORKLOAD (B+C)	39763
E. MET WORKLOAD PER CAPITA (B÷A)	7.48
F. UNMET WORKLOAD PER CAPITA (C÷A)	1.94
G. WORKLOAD PER CAPITA (D÷A)	9.42

940607
M6063
RQ

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: 44047

Explanation: TURN OVER OF PERSONNEL

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	3600 4143	3600 4112	3600 4093	3600 4102	3600 4123	3600 4141	3600 4141	3600 4141
A: TOTAL MET CTVs	30993	30761	30619	30686	30844	30978	30978	30978
B: TOTAL UNMET CTVs	8035	7975	7938	7955	7996	8031	8031	8031
C: TOTAL WORKLOAD REQUIREMENT (A+B)	39028	38736	38557	38642	38844	39009	39009	39009
DENTISTS (MIL AND CIV)	1	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

940607
MAG 63
RAM

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: 44047 (FY 90)

Explanation: TURN OVER OF PERSONNEL

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A								

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	Branch Dental Clinic	4370	15	ADEQUATE

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7a. Planned Capital Improvements. List the project number, funding year, and value of the non-BRAC related capital improvements planned for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the BRAC related capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

LOCATION

9. **Geographic Location.** How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

Centrally located within the host activity base.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Information provided by host activity

c. What is the importance of your location given your mobilization requirements?

Centrally located within the host activity base.

d. On the average, how long does it take your current client/customers to reach your facility?

1-15 minutes walking

10. **Manpower and Recruiting Issues.** Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

None, qualified individuals in the local community.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

General dental care is provided, no unique capabilities of the staff, equipment and/or facilities.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

Access at nearest Dental Treatment Facility (DTF) 30 minutes (driving distance) at Edwards Air Force Base.

12. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NDC, PEARL HARBOR	62313	2
USNDC, OKINAWA JAPAN	68582	2
FLEET HOSPITAL #2		
250 BED CBZ	68682	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

13. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)
 yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	49	49	0	0
Officer	3	60	60	0	0
Officer	1 or 2	30	30	0	0
Enlisted	4+	107	107	0	0
Enlisted	3	402	402	0	0
Enlisted	1 or 2	44	44	0	0
Mobile Homes	N/A	0	0	0	0
Mobile Home lots	N/A	0	0	0	0

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

- Facility type/code:
 - What makes it inadequate?
 - What use is being made of the facility?
 - What is the cost to upgrade the facility to substandard?
 - What other use could be made of the facility and at what cost?
 - Current improvement plans and programmed funding:
- your BMSREB's facility condition resulted in C3 or C4 designation on

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List ¹	Average Wait
O-6/7/8/9	1	0	0
	2	0	0
	3	0	0
	4+	0	0
O-4/5	1	0	0
	2	0	0
	3	0	0
	4+	0	0
O-1/2/3/CWO	1	0	0
	2	0	0
	3	0	0
	4+	0	0
E7-E9	1	0	0
	2	0	0
	3	1	0
	4+	0	0
E1-E6	1	0	0
	2	0	0
	3	3*	1-2 wks
	4+	0	0

¹As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

Top Five Factors Driving the Demand for Base Housing	
1	Mandatory assignment
2	Sense of security
3	Sense of close community
4	Convenience (close to shopping and work)
5	Pride in Navy neighborhood

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	85%
Substandard	N/A
Inadequate	N/A

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) **BEQ:**

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	98%
Substandard	65%
Inadequate	N/A

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$AOB = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	17	57	
Spouse Employment (non-military)	1	3	
Other	12	40	Family Advocacy Program, both above, etc.
TOTAL	30	100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	98%
Substandard	65%
Inadequate	N/A

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$AOB = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	17	57	
Spouse Employment (non-military)	1	3	
Other	12	40	Family Advocacy Program, both above, etc,
TOTAL	30	100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION NAWS China Lake DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	7	Y
	Outdoor Bays	21	y
Arts/Crafts	SF	585	y
Wood Hobby	SF	720	Y
Bowling	Lanes	10	Y
Enlisted Club	SF	16,024	Y
Officer's Club	SF	N/A	N/A
Library	SF	4,154	N/A
Library	Books	47,928	N/A
Theater	Seats	1,018	N/A
ITT	SF	90	Y
Museum/Memorial	SF	N/A	N/A
Pool (indoor)	Lanes	6	Y
Pool (outdoor)	Lanes	6	Y
Beach	LF	N/A	N/A
Swimming Ponds	Each	N/A	N/A
Tennis CT	Each	7	Y

²Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1	N/A
Basketball CT (outdoor)	Each	0	N/A
Racquetball CT	Each	3	Y
Golf Course	Holes	18	Y
Driving Range	Tee Boxes	30	Y
Gymnasium	SF	35,000	Y
Fitness Center	SF	2,000	Y
Marina	Berths	0	N/A
Stables	Stalls	40	Y
Softball Fld	Each	4	N/A
Football Fld	Each	0	N/A
Soccer Fld	Each	3	Y
Youth Center	SF	8,215	Y
Ceramics	SF	80	Y

Multi-Purpose Field Each 1 Y
 Craft/Ceramics Storage Duplex SF 800 N/A

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	6	3,480			11	30
6-12 Mos	8	3,480			27	120
12-24 Mos	27	3,480			18	120
24-36 Mos	17	2,300			14	30
3-5 yrs	84	3,480			0	0

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	12,600
Gas Station	SF	1,150
Auto Repair	SF	1,450
Auto Parts Store	SF	See gas
Commissary	SF	14,743
Mini-Mart	SF	in Exchange
Package Store	SF	in Exchange
Fast Food Restaurants	Each	2,109
Bank/Credit Union	Each	1
Family Service Center	SF	14,452
Laundromat	SF	N/A
Dry Cleaners	Each	N/A
ARC	PN	350
Chapel	PN	4,736
FSC Classrm/Auditorium	PN	0
Mich Lab	SF	900

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)
Los Angeles, Calif.	150
Bakersfield, Calif.	132
Lancaster, Calif.	75

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	89.08	49.84
E2	88.66	55.76
E3	77.51	57.12
E4	89.97	62.79
E5	163.87	114.42
E6	131.94	89.82
E7	174.97	121.54
E8	223.81	169.20
E9	253.74	192.62
W1	155.46	118.07
W2	136.56	107.11
W3	174.38	141.75
W4	167.80	148.78
O1E	138.13	102.46
O2E	126.86	101.14
O3E	149.96	126.87
O1	106.48	78.46
O2	127.05	99.30
O3	125.26	105.46
O4	180.25	156.75
O5	172.04	142.28
O6	142.64	118.06
O7	71.09	57.76

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency	200	189	50
Apartment (1-2 Bedroom)	380	275	65
Apartment (3+ Bedroom)	550	450	90
Single Family Home (3 Bedroom)	650	500	150
Single Family Home (4+ Bedroom)	750	600	175
Town House (2 Bedroom)	585	500	100
Town House (3+ Bedroom)	700	575	165
Condominium (2 Bedroom)	550	450	100
Condominium (3+ Bedroom)	700	600	125

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	90
Apartment (1-2 Bedroom)	65
Apartment (3+ Bedroom)	95
Single Family Home (3 Bedroom)	85
Single Family Home (4+ Bedroom)	90
Town House (2 Bedroom)	80
Town House (3+ Bedroom)	90
Condominium (2 Bedroom)	50
Condominium (3+ Bedroom)	90

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	83,900
Single Family Home (4+ Bedroom)	119,900
Town House (2 Bedroom)	55,950
Town House (3+ Bedroom)	62,500
Condominium (2 Bedroom)	59,900
Condominium (3+ Bedroom)	62,000

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the B5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January	3	29	5
February	3	32	5
March	3	33	5
April	4	39	5
May	4	44	6
June	4	45	7
July	6	51	9
August	6	49	9
September	6	30	8
October	4	53	6
November	4	47	6
December	1	36	4

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area
AD-Aviation Jet Mec.	None	89
AT-Aviation Elect. Technician	None	89
AO-Aviation Ord.	None	74
AMS-Aviation Struct. Mechanic	None	66
AE-Aviation Elect. Mate	None	60

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time (min)
Ridgecrest/China Lake	92.6	7	12
Inyokern	6	14	20
Kern Valley	1	40	60
Trona	0.4	28	35

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ACT Score	% HS Grad to Higher Educ	Source of Info
Sierra Sands Unified School District	Public	K-12	Yes	\$0	950	70%	Supt. office
Immanuel Christian	Parochial	Secondary	N/A	\$2150	954	46%	Principal
Calvary Christian (Independent Study Program)	Priv	K-12	N/A	\$300	No '93 grads	No '93 grads	School Administrator
Pilgrim Christian	Parochial	Secondary	No	\$1000	No '93 grads	No '93 grads	Director
High Desert Seventh Day Adventist	Parochial	Primary	No	\$1700			Secretary
Ridgecrest Christian	Parochial	Primary	Some	\$1440			Secretary
St. Ann's	Parochial	Primary	No	\$1600			Principal
Pilgrim Christian	Parochial	Primary	No	\$1000			Director
Immanuel Christian	Parochial	Primary	No	\$1900			Principal
Child Dev. Ctrs	DODDS	Preschl	Yes	\$3475			Director
Carrie Ovall	Priv	Preschl	No	\$4030			Director
Heritage Montessori	Priv	Preschl	No	\$2250			office Worker
Montessori Home Day Care School	Priv	Preschl	No	\$2250			Director
Norma Square	Priv	Preschl	Some	\$3500			Director
Leapin' Lizards	Priv	Preschl	Some	\$4340			Director
Cerro Coso Child Dev. Center	Public	Preschl	No	\$5040			Director
Immanuel Christian	Parochial	Preschl	No	\$1400			Director

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Sierra Sands	Day	No	No	No	No	No
Adult School	Night	Yes	Yes	No	No	No
Cerro Coso	Day	No	Yes	Yes	Yes	No
Comm. College	Night	No	Yes	Yes	Yes	No
University of Redlands	Day	No	No	No	No	No
	Night	No	No	Yes	Yes	Yes
Ridgecrest	Day	No	No	Yes	No	Yes
School of Law	Night	No	No	Yes	No	Yes

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
U.C. Santa Barbara Cert. in Gov't. Contract Admin.	Day	No	No	No	No	No
	Night	No	No	Yes	No	No
	Correspondence	No	No	No	No	No
Georgia Institute of Technology Cert. Program in Est. & Eval.	Day	No	No	Yes	Yes	Yes
	Night	No	No	Yes	Yes	Yes
	Correspondence	No	No	No	No	No
Cal-State Univ. Bakersfield Cert. in Environmental Engrg.	Day	No	No	No	No	No
	Night	No	No	Yes	Yes	Yes
	Correspondence	No	No	No	No	No
Embree Riddle, Florida B.S., M.S. in Computer Science	Day	No	No	No	No	No
	Night	No	Yes	No	Yes	Yes
	Correspondence	No	No	No	No	No
Cal-State Univ. Bakersfield B.A., M.A. in Business Admin.	Day	No	No	No	No	No
	Night	No	No	No	Yes	Yes
	Correspondence*	No	No	No	Yes	Yes
Cal-State Univ. Chico B.S., M.S. in Comp. Science	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes
	Correspondence*	No	No	No	Yes	Yes
Cal-State Univ. Northridge M.E. in EE, ME and Syst. Engr.	Day	No	No	No	Yes	Yes
	Night	No	No	No	Yes	Yes
	Correspondence*	No	No	No	Yes	Yes

* Correspondence is available in the form of directed study classes or special projects as part of an overall degree program, not stand-alone classes.

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional	0	3	10	Not broken out
Manufacturing	0	0	0	Not broken out
Clerical	3	7	25	Not broken out
Service	0	3	16	Not broken out
Other	0	2	5	Not broken out

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (5A)	4	4	6
Base Personnel - military	0	0	0
Base Personnel - civilian	1	0	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	3	4	5
2. Blackmarket (5C)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
3. Counterfeiting (5G)	1	0	1
Base Personnel - military	0	0	0
Base Personnel - civilian	1	0	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
4. Postal (5L)	2	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	2	0	0
Off Base Personnel - military	0	0	0

Off Base Personnel - civilian	0	0	0
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Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)	96	69	120
Base Personnel - military	1	0	0
Base Personnel - civilian	2	4	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	93	65	119
7. Larceny - Ordnance (6R)	0	0	2
Base Personnel - military	0	0	2
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)	19	14	18
Base Personnel - military	4	2	3
Base Personnel - civilian	15	12	15
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	77	93	107
Base Personnel - military	0	0	0
Base Personnel - civilian	4	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	73	93	107
10. Wrongful Destruction (6U)	2	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	2	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)	49	34	24
Base Personnel - military	1	1	0
Base Personnel - civilian	1	0	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	47	33	23
12. Bomb Threat (7B)	3	1	1
Base Personnel - military	0	0	0
Base Personnel - civilian	2	1	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	1	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)	1	0	4
Base Personnel - military	0	0	1
Base Personnel - civilian	1	0	2
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	1
14. Assault (7G)	128	115	183
Base Personnel - military	2	0	1
Base Personnel - civilian	1	1	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	1
15. Death (7H)	3	4	3
Base Personnel - military	1	0	0
Base Personnel - civilian	2	3	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	1	3
16. Kidnapping (7K)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)	5	38	28
Base Personnel - military	2	3	6
Base Personnel - civilian	0	16	2
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	3	19	20
19. Perjury (7P)	0	1	0
Base Personnel - military	0	1	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)	12	14	16
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	11	14	16
21. Traffic Accident (7T)	1	0	1
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	1	0	1

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)	7	6	7
Base Personnel - military	5	1	1
Base Personnel - civilian	2	5	4
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	2
23. Indecent Assault (8D)	0	0	0
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)	8	10	7
Base Personnel - military	0	3	0
Base Personnel - civilian	0	0	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	8	7	6
25. Sodomy (8G)	1	2	0
Base Personnel - military	1	2	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

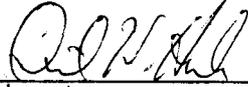
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

DAVID W. HAMULA
NAME (Please type or print)


Signature

BRANCH DIRECTOR
Title

Date 26 May 94

BDC, NAWS, CHINA LAKE, CA
Activity

DIRECTOR
BRANCH DENTAL CLINIC
NAVAL AIR WEAPONS STATION
CHINA LAKE, CA 93555-6001

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

K. J. DAVIS, CAPT, DC, USN
NAME (Please type or print)
COMMANDING OFFICER
Title
NAVAL DENTAL CENTER, LONG BEACH
Activity

K. J. Davis
Signature
JUNE 1, 1994
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)
Title
Activity

Signature
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature
6-8-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

NAME (Please type or print)
Activity
Title

R. R. Sareeram
Signature
27 JUN 1994
Date

Activity Information:

Activity Name:	BDC, NWC, CHINA LAKE, CA
UIC:	41769
Host Activity Name (if response is for a tenant activity):	NAVAL WEAPONS CENTER, CHINA LAKE, CA
Host Activity UIC:	60530

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BDC, NWC, CHINA LAKE, CA		UIC: 41769	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2,720	5,280	8,000
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	2,720	5,280	8,000
2. Other Base Operating Support Costs:			
2a. Utilities	7,000	0	7,000
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	0	0	0
2j. Other (Specify) Telephone	4,400	0	4,400
Custodial	7,000	0	7,000
2k. Sub-total 2a. through 2j:	18,400	0	18,400
3. Grand Total (sum of 1c. and 2k.):	21,120	5,280	26,400

Bumed
MED-825
GSA
7/25/94

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NOT APPLICABLE		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (> \$15K)			
1b. Real Property Maintenance (< \$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
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O&M, DPH

c. Table 1B - Base Operating Support Costs (DBOF Overhead).

This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

**DATA CALL 66
INSTALLATION RESOURCES**

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BDC, NWC, CHINA LAKE, CA	UIC: 41769
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	9400
Material and Supplies (including equipment):	9200
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	8000
Total:	26600

BUMED
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65A
7/25/94

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. **On-Base Contract Workyear Table.** Provide a projected estimate of the number of contract workyears expected to be **performed "on base"** in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BDC, NWC, CHINA LAKE, CA	UIC: 41769
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

* Note: Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

NONE

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

c. **"Off-Base" Contract Workyear Data.** Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT W. M. DERN, DC, USN
NAME (Please type or print)

Signature 

COMMANDING OFFICER (Acting)
Title

Date JUL 13 1994

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

R. R. Skog

Signature

14 July 1994

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity

D. F. Hagen

Signature

7-19-94

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title

W. A. Earner

Signature

7/27/94

Date

454

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL NWC CHINA LAKE, CA
ACTIVITY UIC: 41769

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	31577	30993	30761	30619	30686	30844	30978	30978	30978
UNMET	8186	8035	7975	7938	7955	7996	8031	8031	8031
TOTAL	39763	39028	38736	38557	38642	38844	39009	39009	39009

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	30993	30761	30619	30686	30844	30978	30978	30978
UNMET	8035	7975	7938	7955	7996	8031	8031	8031
TOTAL	39028	38736	38557	38642	38844	39009	39009	39009

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

2. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	1	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	21	21	31	21	21	21	21	21	21
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

940607
 MCG63
 RCH.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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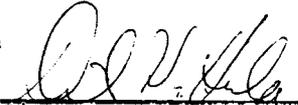
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

DAVID W. HAMULA
NAME (Please type or print)


Signature

BRANCH DIRECTOR
Title

Date

25 May 94

BDC, NAWS, CHINA LAKE, CA
Activity

DIRECTOR
BRANCH DENTAL CLINIC
NAVAL AIR WEAPONS STATION
CHINA LAKE, CA 93555-6001

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name BRANCH DENTAL CLINIC, NAB, LITTLE CREEK, VIRGINIA

Official name	BRANCH DENTAL CLINIC, NAB, LITTLE CREEK, VA
Acronym(s) used in correspondence	BDC, LITTLE CREEK
Commonly accepted short title(s)	

- Complete Mailing Address
BRANCH DENTAL CLINIC
NAB LITTLE CREEK
1035 NEIDER BLVD, SUITE 200
NORFOLK, VA 23521-2731

- PLAD: NAVDENCEN NORFOLK VA \\N43\\

- PRIMARY UIC: 35044 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): N/A PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

3. **ACTIVITY TYPE:** Choose most appropriate type that describes your activity and completely answer all questions.

● **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes _____ No X_____ (check one)

● **TENANT COMMAND:** A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes X_____ No _____ (check one)

• Primary Host (current) UIC: 61414

• Primary Host (as of 01 Oct 1995) UIC: 61414

• Primary Host (as of 01 Oct 2001) UIC: 61414

● **INDEPENDENT ACTIVITY:** For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes _____ No X_____ (check one)

4. **SPECIAL AREAS:** List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

UIC: 35044

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
N/A				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

Because this is a support command, fluctuations in patient population caused by homeport changes, commissionings and decommissionings have an impact on our mission. However, this impact has not been measurable to date.

7. **MISSION:** Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide comprehensive dental care to eligible beneficiaries as specified in Title 10, US Code with primary emphasis on maintaining the dental readiness of the fleet and other deployable forces.

- Provide training to staff and other medical department personnel to maintain qualifications.

- Provide personnel and other resources to fill mobilization and operational requirements.

Projected Missions for FY 2001

- We assume that our mission will remain the same in the foreseeable future.

I certify that the information contained herein is accurate a belief.

NEXT ECHELON LEVEL

NAME (Please type or print) Sig

Title Da

Activity

I certify that the information contained herein is accurate a belief.

NEXT ECHELON LEVEL

NAME (Please type or print) Sig

Title Da

Activity

I certify that the information contained herein is accurate a belief.

MAJOR CLAIMANT

VADM Donald Hagen, MC _____
NAME (Please type or print) Sig

SURGEON GENERAL/CHIEF BUMED _____
Title Date

BUREAU OF MEDICINE & SURGERY ____
Activity

I certify that the information contained herein is accurate a belief.

DEPUTY CHIEF OF NAVAL OPER
DEPUTY CHIEF OF STAFF (INSTALI

J. B. GREENE, JR
NAME (Please type or print) Sig

ACTING
Title

to
35044
USA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

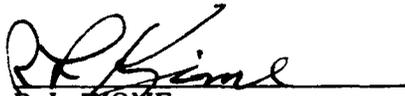
In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

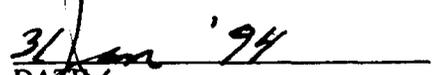
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Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER


R. L. KJOME
COMMANDING OFFICER
NAVAL DENTAL CENTER, NORFOLK


DATE

UIC: 35044

5044

DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

describe
briefly
as are

Name	UIC	Location	Host name	Host UIC
N/A				

page 10,
and

BRAC IMPACT: Were you affected by previous Base Closure and Realignment actions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

maintain

cause this is a support command, fluctuations in patient population caused by homeport changes, commissionings and decommissionings have an impact on our mission. However, this impact has not been measurable to date.

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>8</u>	<u>16</u>	<u>6</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

3*

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>9</u>	<u>20</u>	<u>6 7 6 SA</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

3*

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

	<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC	<u>CAPT R. L. KJOME, DC, USN</u>	804-444-7021	804-445-6751	804-481-3849
• Duty Officer		804-677-7435		
• Branch Director	<u>CAPT FULLERTON</u>	804-677-7440	804-677-7441	804-249-0344

* DENOTES CONTACTOR PERSONNEL

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35044
u>A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER



R. L. KJOME
COMMANDING OFFICER
NAVAL DENTAL CENTER, NORFOLK

31 Jan '94
DATE

35044
65*

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)

Signature

SURGEON GENERAL/CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

Signature

ACTING

Title

16 FEB 99

Date

Document Separator

455

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL NAB LITTLE CREEK
ACTIVITY UIC: 35044

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

UIC:35044-BDC LITTLE CREEK

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	164,132	164,132	162,491	172,240	170,518	171,541	171,884	171,884	171,884
UNMET	16,953	16,151	15,989	16,958	16,788	16,889	16,923	16,923	16,923
TOTAL	181,085	180,283	178,480	189,198	187,306	188,430	188,807	188,807	188,807

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC:35044-BDC LITTLE CREEK

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	164,132	162,491	172,240	170,518	171,541	171,884	171,884	171,884
UNMET	16,151	15,989	16,958	16,788	16,889	16,923	16,923	16,923
TOTAL	180,283	178,480	189,198	187,306	188,430	188,807	188,807	188,807

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

Handwritten signature

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC:35044-BDC LITTLE CREEK

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	180,283	178,480	189,198	187,306	188,430	188,807	188,807	188,807
UNMET	0	0	0	0	0	0	0	0
TOTAL	180,283	178,480	189,198	187,306	188,430	188,807	188,807	188,807

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20, 4.77 for records held in class 2, 3, and 4.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- Methodology used for evaluating facility constraint:

$$\frac{\text{Unmet CTV}}{\text{Actual Met CTV}} = \frac{\text{Additional staff for unmet need}}{\text{Actual staff (DDS/RDH/Prophy)}} - \frac{\text{Additional DTR needed}}{\text{DTR in use}}$$

$$\frac{16,151}{164,132} = .098 = \frac{X}{(11/2/5)} - \frac{(1.078/.196/.490)}{(11/2/5)} - \frac{(2/1/1)^*}{(11/2/5)} - \frac{4 \text{ Additional DTRs}}{18 \text{ DTRs in Use}}$$

• 4+18 DTRs = 22 < 32 DTR capacity: Unmet need (16,151) could be eliminated.

* in reality, fractional staff rounded to next whole provider.

3
R

Robert
M...
[Signature]

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

UIC:35044 - BDC LITTLE CREEK

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	15/11	15/11	15/11	16/12	16/12	16/12	16/12	16/12	16/12
PROPHY TECHNICIANS (MIL AND CIV)	5	5	5	6	5	6	6	6	6
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

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2. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

UIC: 35044 - BDC LITTLE CREEK

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	11	11	11	12	12	12	12	12	12
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	5	5	5	5	5	5	5	5	5

Explanation:

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +6%; and FY 1998-99, +.2%.

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

William L Fullerton
NAME (Please type or print)
BRANCH Clinic Director
Title
NAS Little Creek VA.
Activity

W.L. Fullerton
Signature
27 May '94
Date

Document Separator

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MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL NAB LITTLE CREEK
ACTIVITY UIC: 35044

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

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Little Creek - UIC: 35044

MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

The mission of the BDC Little Creek is to provide quality dental care to personnel assigned to ships homeported at the Naval Amphibious Base, Little Creek and many shore based commands. In addition to deployable ships many other groups, such as the seal teams are directly supported, as well as major schools located at NAB Little Creek which includes the Amphibious Warfare School and the School of Music which trains personnel from all services. BDC, Little Creek directly supports 119 UICs with a patient population of over 11,000.

Little Creek 35044 (Total Count pp 1-9 = 7730)

1 of 9

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
Sima	32732		575
NAB LCRK NORVA	61414		481
ACU FOUR	45472		422
PATROL COASTAL MST 4	49083		411
ACU TWO	53210		278
ST-8	46985		258
ACU FOUR	47106		258
ST-4	09807		239
PHIBCB TWO	5510		239
SDUT	08842		238
ST-2	55778		217
PATROL COASTAL MST 2	49081		212
PHIBCB TWO SEA DU	42043		211
			4039

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
LFTC	56011		180
SOM	42112		166
EODMU TWO	43504		147
SPECWARGRUTWO	0031A		141
SPECBOATU TWENTY SEA	44392		140
BMU TWO	53211		125
BRMEDCLINIC	32529		125
NAVPHIBSCHL TQL	42152		122
MDSU2	55496		121
LFTC	56011		117
ACU TWO SHORE	42056		107
COMSPECBOATRON TWO	52738		99
FLTDECGRULANT	41649		94
			1684

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FLETRAGU	47705		88
SCHUSIC PHIBASE	42112		80
SOM	30636		78
MDSU TWO	42838		71
SPECBOATU TWENTY	42223		71
PSD	42575		71
COMPHIBGR2	55333		68
BMU TWO SHORE	42055		67
EOD MOB UNIT 2SDC	68769		65
TAC 2/	09812		62
SPECWARGRU2	52839		58
EODISPLTRAN	43505		55
NAVPHIBASESECD ET	47163		54
			888

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMSURFWARDEVG RU	53863		50
UCT ONE	30121		47
NAVMARRESREDCE R	63438		46
VC-6	09806		44
COMPHIBRON TEN	0245A		39
FLT CROSS	43594		37
SPECWARCEN	49093		34
EODGRU TWO	55322		32
AFDL 6 DYNAMIC	14806		31
PREINSERVCSEAD UTY DET	46991		31
SCHOOL OF MUSIC	42112		30 (USMC)
NAVPHIBSCHL LCRK VA	63021		30
WASHSURFTRIALS	46990		29
			480

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMSUPRON 8	55421		28
PC TEMPEST	21931		27
1 CYCLONE	21930		26
EOD MU10	82631		24
BRDENCLINIC	35044		24
ETG	41616		23
MAPRAGLANT	68652		22
T-AGOS INDOMITABLE	42488		22
COMNAVSURFRES FOR	31898		21
SURFLANT	53929		18
NAVPHIBSCHL	31529		18
NAVPHIBSCHL LCRK	33318		18
CAFTGLCSTG	49085		18
			289

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CONUS STINGER	47195		16
COMSECROND NCB LCRK	57034		16
NTTC	41515		16
NEXCOM	00250		15
UCT ONE SHORE	35232		15
DECA COMMISSARY	49027		15
FLT SURGICAL TEAM FOUR	47421		15
FLT SURGICAL TEAM TWO	47419		14
STUMEDDEPTOST NORVA	44135		14
NAVPHIBSCL	48901		14
MDSU TWO	45191		13
PATROL COASTAL	49714		13
COMNAVBECHGRU TWO	57067		13
			189

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVENVIRHLTH CEN NORFOLK	68546		13
FLEETIMAGING COMMAND	41411		12
MIUWU 206	81991		12
COMPHIBRON	49128		11
DECA EATS	48802		11
NAVPHIBASE LCRK FSC	48669		10
FLT SURGICAL TEAM SIX	49342		10
T-AGIOSI6 CAPABLE	49889		10
NCOS	45188		8
T- AGOS/STALWART	42428		8
T-ATF 170 MOHAWK	41935		7
NAVY BAND WASH	35392		6
LANTNAVFCEN	45810		6
			124

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
TAGOS	46077		6
NAVEXCHLITTLE CREEK VA	62152		6
T-ATF 166 POW HATTAN	43615		6
TACGRU TWO	0379A		5
T-ATF 172 APACHE	41930		5
NAVBCSTSV3	45523		3
FLTIMAGCEN	45897		3
SURTASS SUPPCEN LCRK	46063		3
COMCBLANT SEADUTY	48014		3
INSURVLANT NORVA	62896		3
INSURVLANT WASH DC	63023		3
NAVCRIMINSERVE AST	63055		2
COMEWSGDET/	31844		2
			27

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NEX	45527		1
NIRA	45869		1
I & I STF NORVA	45359		1
NAVINTACT SPDECGRU	47696		1
NISCOMLANTAREA NORVA	68913		1
RESALEACT	62152		1
COMNAVSURF RESYLANTREP	35188		1
FEWSGDETONE	31844		1
NAVAUDSVCSE	62761		1
AMPHIBWARFAREC ENTER	48325		1
			10

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY UIC:35044-BDC LITTLE CREEK	FY 1993 DATA
A. ACTUAL POPULATION	11,755
B. FY1993 MET WORKLOAD (CTVs)	164,132
C. FY1993 UNMET WORKLOAD (CTVs)	16,953
D. TOTAL WORKLOAD (B+C)	181,085
E. MET WORKLOAD PER CAPITA (B+A)	13.963
F. UNMET WORKLOAD PER CAPITA (C+A)	1.442
G. WORKLOAD PER CAPITA (D+A)	15.405

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

UIC:35044 BDC LITTLE CREEK	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	11755	11637	12336	12212	12287	12310	12310	12310
A: TOTAL MET CTVs	164132	162491	172240	170518	171541	171884	171884	171884
B: TOTAL UNMET CTVs	16151	15989	16958	16788	16889	16923	16923	16923
C: TOTAL WORKLOAD REQUIREMENT (A+B)	180283	178626	189198	187306	188430	188807	188807	188807
DENTISTS (MIL AND CIV)	15/11	15/11	16/12	16/12	16/12	16/12	16/12	16/12
PROPHY TECHNICIANS (MIL AND CIV)	5/2	5/2	6/2	5/2	6/2	6/2	6/2	6/2
DENTAL HYGIENISTS (MIL AND CIV)	2/5	2/5	2/5	2/5	2/5	2/5	2/5	2/5

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If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
NOT APPLICABLE								

FACILITIES BDC Little Creek, VA 35044

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

6750/4 attached

This command does not maintain the inventory record for this clinic. The Plant property owner is Naval Amphibious Base, Little Creek

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
na				

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: This facility is adequate

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

35044

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures.

This information to be provided by host UIC 61414

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned for years 1995 through 1997**.

This information to be provided by host UIC 61414

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned for 1995 through 1999**.

This information to be provided by host UIC 61414

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	22 DEC 93	UIC	35044
FACILITY	BRANCH DENTAL CLINIC, NAB, LITTLE CREEK		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	160 X 164	
2. DENTAL TREATMENT ROOM	32	(05) 9 X 11 (24) 10 X 11 (03) 11 X 11	
3. STERILIZATION ROOM	1	CLEAN SIDE, DIRTY SIDE 14 X 9, 14 X 11	CSR IS DIVIDED BY A COUNTER AND SLIDING WINDOW
4. X-RAY EXPOSURE ROOM	2	(2) 13x13	
5. DARKROOM	2	(2) 6 X 13	
6. PROSTHETIC LAB	2	MAIN 21 X 25 PORC. 9 X 14	PROS LAB INCLUDES A MAIN ROOM AND A PORCELAIN ROOM.
7. STOREROOM/ SUPPLY ROOM	3	SUPPLY 12X18 STORE 1 13X12 STORE 2 13X12	
8. CONFERENCE ROOM	1	596 SQ.FT	
9. ADMINISTRATIVE OFFICE	2	(01) 12 X 15 (01) 11 X 19	
10. DENTAL OFFICER'S OFFICE	5	(01) 11 X 19 (02) 14 X 10 (01) 11 X 15 (01) 11 X 10	

11. DENTAL REPAIR SHOP	NONE		
12. PATIENT WAITING AREA	2	31 X 32 MAIN 10 X 14 PROS.	
13. RECORDS CONTROL OFFICE	1	13 X 31	
14. LOCKER ROOM (MALE)	2	15 X 9 14 X 7	
15. LOCKER ROOM (FEMALE)	1	23 X 6	
16. TOILET FACILITY (MALE)	3	14 X 19 14 X 14 10 X 12	SEE PART IV
17. TOILET FACILITY (FEMALE)	2	14 X 14 8 X 14	SEE PART IV
18. OTHER MAJOR ROOMS			SEE PART IV

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 1005	31	A-5
2. DENTAL OPERATING CHAIR	ADEC 1005-----31 DENTAL EZ-----01	31 1	A-5 A-6

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 1005-----31 PELTON AND CRANE TRACK LIGHT-----01	32	31 A-4 1 A-4
4. CENTRAL VACUUM SYSTEM	SYNTEX CD-210-----01 DENTAL EZ CDE 10-----01	01 01	1 A-4 1 A-4
5. AIR COMPRESSOR DEHYDRATOR	INGERSOL-RAND	01	A-4
6. STERILIZER	EAGLE AMSCO 3025-----01 SCHIEN 300-----01 HOT PACK-----01	03	A-5 A-5 A-5
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	NONE		
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	JELENSKO THERMOTROL 2500	01	A-5
2. VACUUM PORCELAIN FURNACE	PENWALT JELENKO COMMODORE 2 UPF-----01 PENWALT JELENKO JELCRAFT01	02	1 A-5 1 A-5
3. BURNOUT OVEN	PENWALT JELENKO ACCUTHERM II 150	01	A-5
4. OTHER PROSTHETIC EQUIPMENT	SAND BLASTERS HOWMEDICA 4781-----01 TICONIUM3160-A1-----01	02	1 A-4 1 A-5

NAVMED 6750/4 (Rev. 5/91)

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	22 DEC 93	UIC	35044
FACILITY	PIERSIDE DENTAL UNIT		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1		
2. DENTAL TREATMENT ROOM	2	16 X 10 16 X 12	
3. STERILIZATION ROOM	1	7 X 11	
4. X-RAY EXPOSURE ROOM	1	11 X 11	ALSO A LOCKER ROOM
5. DARKROOM	0		
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	0		
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	1	16 X 11	ALSO A WAITING ROOM /RECORDS OFFICE
10. DENTAL OFFICER'S OFFICE	0		

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1		SEE PART I, NUMBER NINE
13. RECORDS CONTROL OFFICE	1		SEE PART I, NUMBER NINE
14. LOCKER ROOM (MALE)			SAME AS PART I, NUMBER FOUR
15. LOCKER ROOM (FEMALE)			SAME AS PART I, NUMBER FOUR
16. TOILET FACILITY (MALE)	0		
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS	0		
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 1005	4	A-4
2. DENTAL OPERATING CHAIR	ADEC 1005	4	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 1005	4	A-4
4. CENTRAL VACUUM SYSTEM	DENTAL EZ MC 202	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	BRITISH THOMPSON KZ4120	1	A-5
6. STERILIZER	VALIDATOR PLUS PELTON & CRANE	1	A-5
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	NONE		

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NONE		
2. VACUUM PORCELAIN FURNACE	NONE		
3. BURNOUT OVEN	NONE		
4. OTHER PROSTHETIC EQUIPMENT	NONE		

NAVMED 6750/4 (Rev. 5/91)

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

Our mission is dental support to all Amphibious Base personnel and tenant commands (119 UIC's are supported).

a. What is the importance of your location relative to the clients supported?

Easy access from both on and off base. Co-located with medical facility.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Air: 15 mins, 5 miles; Rail: 30 mins, 15 miles; Ground: 30 mins, 12 miles; Sea: 5 mins, 2 miles.

c. What is the importance of your location given your mobilization requirements?

Military Embarkation points land, sea and air are within 30 mins of Base. Sea Trans: 5 min.

d. On the average, how long does it take your current client/customers to reach your facility?

Approximately (5-10) minutes by automobile.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Centrally located in a metropolitan area, ample opportunity for hiring employees.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

Would involve travel to other clinics for routine care, increasing cost in both time and dollars. This clinic directly supports many fleet units and deployable units such as seal teams, as well as shore commands. There are 119 separate UICs receiving dental support from this dental facility.

Staff: all clinic personnel would be re-located to one of the outlying clinics in the Norfolk area.

Equipment: would be transferred to another dental facility needing equipment to help continue its operation.

Facility: the clinic spaces would probably be turned over to the medical department since we are located within their building on the second floor.

Little Creek UIC: 35044

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

Dental care would require patients to travel 15 miles to the Norfolk Naval Base for care. With a patient population of over 11,000 active duty, an enormous amount of time would be lost in travelling for dental care, the loss of Branch Dental Clinic, Little Creek would indeed present a major hardship for supported units, many of which are small commands with limited access to transportation.

12. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

BDC: LITTLE CREEK

UIC: 35044

UNIT NAME	UNIT NUMBER	# OF STAFF ASSIGNED
FLTHOSP #20 (500 CBTZ)	46977	01
FLTHOSP #3 (500 CBTZ)	68683	01
FLTHOSP #5 (500 CBTZ)	68685	02
US BRDENCLINIC GITMO	62333	01
USS GUADALCANAL (LPH-7)	07352	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

Although the mobilization requirement for this clinic is limited, the administrative requirements needed for mobilization preparedness adversely affect the number of patients seen in the clinic. The benefit of not having the mobilization requirement would be related to the position effected. (ie: Dentist or Dental Tech; on the average a dentist sees 8 patients a day with good staffing. If the tech is gone, the number of patients seen is reduced.

13. Quality of Life.

This information was provided by UIC #61414, Naval Amphibious Base, Norfolk, Virginia, BRAC Data Call #37.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

- Facility type/code:
- What makes it inadequate?
- What use is being made of the facility?
- What is the cost to upgrade the facility to substandard?
- What other use could be made of the facility and at what cost?
- Current improvement plans and programmed funding:
- Has this facility condition resulted in C3 or C4 designation on your BASEREP?



BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

W. L. FULLERTON

NAME (Please type or print)

BRANCH DIRECTOR

Title

BDC, LITTLE CREEK

Activity

Signature

31 May 1994

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

ROBERT L. KJOME
NAME (Please type or print)
COMMANDING OFFICER
Title
NAVAL DENTAL CENTER, NORFOLK
Activity

Robert L. Kjome
Signature
31 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature
6-20-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Title

W. A. Earner
Signature
8/13/94
Date

455

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC-LITTLE CREEK
UIC:	35044
Host Activity Name (if response is for a tenant activity):	NAVAL AMPHIBIOUS BASE, LITTLE CREEK
Host Activity UIC:	61414

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual

**DATA CALL 66
INSTALLATION RESOURCES**

lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC-LITTLE CREEK		UIC: 35044	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	5		5
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	5		5
2. Other Base Operating Support Costs:			
2a. Utilities	70		70
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) Communications	4		4
2k. Sub-total 2a. through 2j:	74		74

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.):	79		79
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DATA CALL 66
INSTALLATION RESOURCES

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

c. Table 1B - Base Operating Support Costs (DBOF Overhead).
This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name:		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			

**DATA CALL 66
INSTALLATION RESOURCES**

4. Grand Total (sum of 1c., 2m., and 3.) :			
--	--	--	--

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC-LITTLE CREEK	UIC: 35044
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1
Material and Supplies (including equipment):	53
Industrial Fund Purchases (other DBOF purchases):	75
Transportation:	0
Other Purchases (Contract support, etc.):	177
Total:	306

**DATA CALL 66
INSTALLATION RESOURCES**

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**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. **On-Base Contract Workyear Table.** Provide a projected estimate of the number of contract workyears expected to be **performed "on base"** in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name:NAVAL DENTAL CENTER-LITTLE CREEK	UIC:35044
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	4
Procurement:	
Other:*	
Total Workyears:	4

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

4 (FOUR)

2) Estimated number of workyears which would be eliminated:

0 (ZERO)

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

0 (ZERO)

**DATA CALL 66
INSTALLATION RESOURCES**

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (**ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above**):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

8-1-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

M. A. EARNER

NAME (Please type or print)

M. A. Earner

Signature

Title

8/26/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

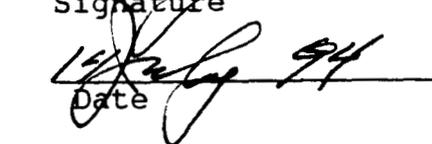
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. Kjome, CAPT, DC, USN
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center, Norfolk, VA
Activity


Signature

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignation, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	<i>Branch Dental Clinic, Naval Amphibious Base, Coronado, San Diego</i>
Acronym(s) used in correspondence	<i>BDCNAB San Diego</i>
Commonly accepted short title(s)	<i>BDCNAB San Diego</i>

- Complete Mailing Address

Director, Branch Dental Clinic
 Naval Amphibious Base Coronado
 3538 Bougainville Rd., Bldg. 506
 San Diego, CA 92155-5491

- PLAD

NAVDENCEN SAN DIEGO

- PRIMARY UIC: ³⁵⁷³⁶~~66022~~(*) (Plant Account UIC for Plant Account Holders)

(*) For Class-III Plant Account only.

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): 35736 PURPOSE: For DIRS reporting

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No X (check one)

3. **ACTIVITY TYPE:** Choose most appropriate type that describes your activity and completely answer all questions.

• **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

(UIC - ~~66022~~) 3573⁶_{68D}

• Yes _____ No X (check one)

• **TENANT COMMAND:** A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes X No _____ (check one)

- Primary Host (current) UIC: 62021
- Primary Host (as of 01 Oct 1995) UIC: 62021
- Primary Host (as of 01 Oct 2001) UIC: 62021

• **INDEPENDENT ACTIVITY:** For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes _____ No X (check one)

4. **SPECIAL AREAS:** List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
Not applicable		

5. **DETACHMENTS:** If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
Not applicable				

6. **BRAC IMPACT:** Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

Not applicable.

(UIC - 66022) 35736
GSA

7. **MISSION:** Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area to ensure the highest possible degree of operational readiness.
- Conduct appropriate education and training programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.
- Participate as an integral element of the Navy and Tri-Service Regional Health Care System.
- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

Provide comprehensive dental care, administrative services, and logistical support that absolutely delights our customers through:

- Training and development.
- Efficient Personnel utilization.
- Effective material, facilities, and patient management.
- Commitment to quality of life issues.

8. **UNIQUE MISSIONS:** Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- Not applicable.

Projected Unique Missions for FY 2001

- Not applicable

(UIC - 66022) ³⁵⁷³⁶_{65A}

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

• Operational name UIC
Commanding Officer, Naval Dental Center, San Diego 66022

• Funding Source UIC
Not applicable _____

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>6 O_{65A}</u>	<u>18 O_{65A}</u>	<u>1</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>2</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>8 O_{65A}</u>	<u>18 O_{65A}</u>	<u>2 O_{65A}</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>2 O_{65A}</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

INCLUDED WITHIN NORTH ISLAND

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
E. LEWIS	619-437-3446	619-437-3446	N/A
CDR, DC, USN	DSN-577-3446	DSN-577-3446	
Branch Director			

(UIC - 66022) ³⁵⁷³⁶_{65*}

- T.C. SPLITGERBER 619-556-8200 619-556-8559 N/A
 CAPT, DC, USN DSN-526-8200 DSN-526-8559
 Commanding Officer

- DANILO L. YU 619-556-8217 619-556-8221 N/A
 LCDR MSC USN DSN-526-8217 DSN-526-8221
 BRAC Coordinator

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Office r	Enliste d	Civilia n
Not applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Office r	Enliste d	Civilia n
Not applicable					

(UIC - 66022) 35736
SA

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Not applicable</i>		

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36" x 42" (2 copies, if available); and 11" x 17" (12 copies).)

- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½" x 11".)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

(UIC - ~~66022~~) 35736
65A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CDR E. LEWIS, DC, USN
NAME (Please type or print)

DIRECTOR
Title

BRANCH DENTAL CLINIC, NAVAL AMPHIBIOUS BASE, CORONADO
Activity

J C [Signature] Capt Act Dir
Signature

27 Jan 94
Date

(UIC - 66022) 35 736
USA

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T. C. SPLITGERBER, DC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

NAVAL DENTAL CENTER, SAN DIEGO
Activity

T. C. Splitgerber
Signature
2 Feb 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

(UIC - ~~66022~~) 35736
,,9

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)
SURGEON GENERAL/CHIEF BUMED

Title
BUREAU OF MEDICINE & SURGERY

Activity

Donald Hagen

Signature
2-8-94

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Title

Signature

Date

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

J. B. GREENE, JR

NAME (Please type or print)
ACTING DCNO (LOGISTICS)

Title

J. B. Greene, Jr.

Signature
16 FEB 1994

Date

Division

Department

Activity

Document Separator

456

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAB CORONADO CA
ACTIVITY UIC: 35736**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

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MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVS	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	78000	78000	78000	78000	78000	78000	78000	78000	78000
UNMET	18359	18359	18359	18359	18359	18359	18359	18359	18359
TOTAL	96352	96352	96352	96352	96352	96352	96352	96352	96352

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

SAME AS NUMBER 1.

CTVS	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET								
UNMET								
TOTAL								

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	7	7	7	7	7	7	7	7	7
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CDR E. LEWIS, DC, USN
NAME (Please type or print)

E. Lewis
Signature

DIRECTOR
Title

25 MAY 94
Date

BRANCH DENTAL CLINIC, NAVAL AMPHIBIOUS BASE, CORONADO, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity


Signature
26 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

Document Separator

456

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAB CORONADO CA
ACTIVITY UIC: 35736**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

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MISSION REQUIREMENTS

1. **Mission.** State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

Provide dental services to Navy and Marine Corps personnel and other eligible beneficiaries attached to the Naval Amphibious Base, Coronado and 36 tenant commands located on the base. Provide dental services to thousands of active duty, reservists, and foreign military students on TAD status.

Perform other functions as may be directed by the Commanding Officer NAB.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
ACDB-1	35624	NAB CORONADO	542
NAB	48707	NAB CORONADO	382
BUDS	46462	NAB CORONADO	309
ACU-1	53257	NAB CORONADO	299
NRRF	32719	NAB CORONADO	286
NSWC	46989	NAB CORONADO	255
CNSP	53824	NAB CORONADO	254
NDS	33390	NAB CORONADO	245
SBU-12	42221	NAB CORONADO	234
ST-1	55777	NAB CORONADO	227
ST-30	44884	NAB CORONADO	227
ST-5	08971	NAB CORONADO	217
EOD-3	49972	NAB CORONADO	204
FTDGP	55721	NAB CORONADO	211
UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
BMU-1	41914	NAB CORONADO	149
LFTC	67271	NAB CORONADO	135
SBR-1	35431	NAB CORONADO	107
NSWCO	00074	NAB CORONADO	104
TAC-12	55135	NAB CORONADO	96
TAC-11	55134	NAB CORONADO	88
EOD-1	5532144	NAB CORONADO	43
CTG-1	09815	NAB CORONADO	43

PSD	42828	NAB CORONADO	40
BRMEDCLINIC	32549	NAB CORONADO	36
NBG-1	09815	NAB CORONADO	36
BRDENCLINIC	35734	NAB CORONADO	25
CTG-1	31899	NAB CORONADO	18
NDTT	03776	NAB CORONADO	7

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	4,900
B. FY1993 MET WORKLOAD (CTVs)	75,951
C. FY1993 UNMET WORKLOAD (CTVs)	17,712
D. TOTAL WORKLOAD (B+C)	93,661
E. MET WORKLOAD PER CAPITA (B÷A)	15.5
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.62
G. WORKLOAD PER CAPITA (D÷A)	19.1

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: N/A

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY1997	FY1998	FY1999	FY2000	FY 2001
POPULATION	48008	48008	48008	48008	48008	48008	48008	48008
A: TOTAL MET CTVs	78000	78000	78000	78000	78000	78000	78000	78000
	—							
	—							
B: TOTAL UNMET CTVs	18359	18359	18359	18359	18359	18359	18359	18359
	—							
	—							
C: TOTAL WORKLOAD REQUIREMENT (A+B)	96352	96352	96352	96352	96352	96352	96352	96352
DENTISTS (MIL AND CIV)	/	/	/	/	/	/	/	/

PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: N/A

Explanation:

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC - 66022**

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

**** NOT APPLICABLE. HOST COMMAND, NAVAL AMPHIBIOUS BASE, CORONADO, CA, UIC-62021 MAINTAINS THE INVENTORY RECORDS.**

PLEASE SEE ATTACHED FACILITIES REPORT.

FACILITY TYPE (CCN)	BUILDING NAME/USE	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
N/A	N/A	N/A	N/A	N/A

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
86533	REPAIR/REPLACE EMERGENCY GENERATOR	1993	33K
MO1325	REPLACE AIR COMPRESSOR	1994	16K

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

8. **Impact of the Facilities Condition**. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

NO SIGNIFICANT IMPACT. THE CONDITION OF THE LAND AND BUILDING IS ADEQUATE FOR THE BRANCH DENTAL CLINIC'S MISSION.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	35734
FACILITY	BRANCH DENTAL CLINIC NAB CORONADO BLDG. 506 SAN DIEGO, CA 92155		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT NAB CORONADO BRANCH DENTAL CLINIC	1	94' X 94'	BLDG. 506
2. DENTAL TREATMENT ROOM	1 1 11	11' X 11' 12' X 11' 12' X 11'	
3. STERILIZATION ROOM	1 1	11.5' X 10' 8' X 7.5'	
4. X-RAY EXPOSURE ROOM	1 1	5' X 8' 3' X 11'	
5. DARKROOM	1	5' X 8'	
6. PROSTHETIC LAB	1	11' X 31'	NEED SEPARATE PORCELAIN ROOM
7. STOREROOM/ SUPPLY ROOM	1	12' X 30'	
8. CONFERENCE ROOM	1	11' X 22'	
9. ADMINISTRATIVE OFFICE	1 1	10' X 11 11' X 16	
10. DENTAL OFFICER'S DIV OFF OFFICE	1 1	10' X 11' 9' X 11'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1 1	9' X 12' 10' X 32'	
13. RECORDS CONTROL OFFICE	1	12' X 11'	
14. LOCKER ROOM (MALE)	1 1	10' X 11' 7' X 11'	OFFICER ENLISTED
15. LOCKER ROOM (FEMALE)	1	9' X 11'	ENLISTED NONE FOR FEMALE OFFICER
16. TOILET FACILITY (MALE)			SEE PART IV
17. TOILET FACILITY (FEMALE)	1 1	4' X 11' 5' X 5'	ENLISTED PATIENT ENLISTED LOCKER ROOM
18. OTHER MAJOR ROOMS	4	4	SEE PART IV
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC/EXCELLENCE	12	(12)A4
2. DENTAL OPERATING CHAIR	ADEC/EXCELLENCE	12	(12)A4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC/EXCELLENCE	12	(12) A4
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ CD205	2	(2) A5
5. AIR COMPRESSOR DEHYDRATOR	DAYTON SPEEDAIRE WORTHINGTON	2 1	(2) A5 (1) A5
6. STERILIZER	AMSCO EAGLE STEAM 2011	1	(1) A5
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT	HALL SURGICAL HANDPIECE IVAC 4240 VITAL CHECK NITROUS OXIDE DELIVERY	3 1 1	(3) A5 (3) A5 (3) A5
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE	JELENSKO FLAGSHIP VPF	1	(1) A5
3. BURNOUT OVEN	JELENSKO ACCU-THERM LFC JELENSKO ACCU-THERM II 850	1 1	(1) A5 (1) A5
4. OTHER PROSTHETIC EQUIPMENT	PRICE HIGH SPEED GRINDER HANAU CURING UNIT 2 STAGE TICONIUM SANDBLASTER	1 1 1	(1) A5 (1) A5 (1) A5

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GE 1000	1	(1)A4	APR90
2. MOBILE INTRA-ORAL				
3. PANORAMIC	GENDEX GX PAN	1	(1)A4	APR90
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AT 2000 AIR TECH.	1	(1)A4	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		X	DC	a. VOLTAGE: 110/220 b. CYCLE: 60
2. GAS:	X	NATURAL	COMMERCIAL	BOTTLE ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
<p>PART I - DENTAL FACILITY SPACES</p> <p>16 TOILET FACILITIES, MALE</p> <p>HEAD, MALE ENLISTED 4' X 11'</p> <p>HEAD, OFFICER'S LOCKER ROOM 3' X 5'</p> <p>HEAD, MALE PATIENT 7' X 14'</p> <p>HEAD, DENTAL OFFICER 5' X 6'</p> <p>18 OTHER MAJOR ROOMS</p> <p>GEAR LOCKER 4' X 11'</p> <p>CLOSET 3' X 3'</p> <p>LINEN CLOSET 3' X 5'</p> <p>LOUNGE 14' X 20'</p> <p>PART II - DENTAL EQUIPMENT SECTION B</p>				
DATE	TYPED NAME AND GRADE		SIGNATURE	
01 JANUARY 1994	T.C. SPLITGERBER, CAPT, DC, USN			

CONTINUATION: BRANCH DENTAL CLINIC NAB CORONADO, CA

4.	DUST COLLECTOR	COE MODEL 444	2	(2) A6
		HANDLER	1	(1) A5
		WHIPMIX-MIX CORP	1	(1) A6
		PNEUMATIC PRESS		
		COE LAB	1	(1) F9
		OMNIVAC	1	(1) A5
		BLASTMATE - MINI		
		BLASTER	1	(1) A5
		HANDLER MODEL		
		GRINDER	1	(1) A6
		SYNTRON VUBRATOR	1	(1) A5
		PORT STEAMER	1	(2) A5
		ELECTRIC HANDPIECE	1	(1) A5

SECTION C

5.	PROCESSOR	PERI PRO	1	(1) A5
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LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

Extremely important. Close to fleet activities.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Air - 7 miles. Rail - 2 miles. Ground - 1/2 miles

c. What is the importance of your location given your mobilization requirements?

No impact.

d. On the average, how long does it take your current client/customers to reach your facility?

15 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Located in a large metropolitan area. A large pool of qualified applicants are available.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

Entire professional staff is well trained with advanced clinical training. Facility is located for the most part in walking distance to most patients. Lost of manhours would drastically increase if facility were to be lost.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

The population would be serviced at other Branch Dental Clinics remaining open.

12. Mobilization. What are your facility's mobilization requirements?

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC-66022.**

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
N/A	N/A	N/A

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

13. Quality of Life.

**** NOT APPLICABLE. REPORTED UNDER HOST COMMAND, NAVAL AMPHIBIOUS BASE,
CORONADO, CA, UIC-62021, DATA CALL NOS. 37 & 38**

13. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)
 yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

- Facility type/code:
- What makes it inadequate?
- What use is being made of the facility?
- What is the cost to upgrade the facility to substandard?
- What other use could be made of the facility and at what cost?
- Current improvement plans and programmed funding:
- Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List ¹	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

¹As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

Top Five Factors Driving the Demand for Base Housing	
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) **BEQ:**

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$AOB = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION _____ DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

²Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASERE

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres- pondence					
	Day					
	Night					
	Corres- pondence					
	Day					
	Night					
	Corres- pondence					
	Day					
	Night					
	Corres- pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			
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Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CDR E. LEWIS, DC, USN
NAME (Please type or print)

E. Lewis
Signature

DIRECTOR
Title

25 MAY 94
Date

BRANCH DENTAL CLINIC, NAVAL AMPHIBIOUS BASE, CORONADO, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

Signature

Date


26 May '94

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL

D. F. Hagen
Signature

6-17-94
Date

Title
BUREAU OF MEDICINE AND SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)

R. R. Sareeram
Signature

30 JUN 1994
Date

ACTING
Title