733

**CAPACITY ANALYSIS:**
**DATA CALL WORK SHEET FOR** NMCRC ENCINO
**RESERVE CENTER:** 6337 BALBOA BLVD, ENCINO CA 91316-1584
**ACTIVITY UIC:** 68174

Category ..... Personnel Support
Sub-category .... Reserve Centers
Types ..... Naval and Marine Corps Reserve Centers and Facilities

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

# TABLE OF CONTENTS

Introduction ..... 1

MISSION REQUIREMENTS

A. Training Requirements

1. Facility (drill space ) Use ..... 3
2. Reservist Throughput ..... 4
3. Manning Levels and Authorized Billets - USNR ..... 5
4. Manning Levels and Authorized Billets - USMCR ..... 6
5. Major Equipment for Authorized/Directed Drill Utilization ..... 7
6. Authorized/Directed Drill Utilization Areas ..... 8
7. Units ..... 9
8. Other Users ..... 16

FACILITIES

A. Facilities (drill space)

1. Facilities available ..... 17
2. Reserve Center Facilities Description ..... 18
3. Square Footage of Reserve Command/Center ..... 19
4. Limitations of Utilization ..... 20

B. Utilization Areas ..... 21

FEATURES AND CAPABILITIES

A. Expansion

1. Additional Capacity ..... 22
2. Investment to Increase Capacity ..... 22
3. Limiting Factors ..... 22

1INTRODUCTION

**Introduction**

1. Purpose. This introduction provides general instructions for replying to this data call; individual questions and footnotes give specific instructions for completion of tables, computations, etc.

2. References

a. Refer to the NAVFAC P-72 for Facility Category Code Numbers (CCNs).

b. NAVFAC P-80 provides a discussion of the general nature of each CCN; use it to delineate "types" of facilities that share a common CCN.

.3. Definition of Terms. For purposes of this data call the following apply:

a. A **Facility** is a space (e.g. a room), a defined area (e.g. a range), a structure (e.g. a building), or a structure other than a building (e.g. an obstacle course); it is possible for a building to house one or more facilities of different types.

b. The Category Code Number (or CCN) for Reserve Training Buildings is CCN 171-15. Category Code 171 - Supplement Naval and Marine Corps Reserve Training, as outlined in NAVFAC P-80 is the reference source for facilities available for training at Reserve Training Buildings.

4. Coordinating Instructions

a. Enter the primary UIC *of the data call respondent* at the top of each page of the response; ensure that additional pages created include this identifier.

b. Where information about current facilities available is requested, include MILCON projects that are not BRAC related, which have been authorized and appropriated and for which contracts are to be awarded by 30 September 1994; *do not* include projects submitted in the FY 95 Presidential Budget. Proposed MILCON projects in support of previous BRAC decisions should be included in response by gaining activities but excluded from closing or losing activities.

c. If any of the information requested is subject to change between now and the end of Fiscal Year 2001 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

**Introduction** (Cont.)

d. Tenant activities of a Reserve Training Center that use space must be accounted for under the Reserve Command/Center UIC for all courses taught and classroom space utilized.

e. "Throughput" figures should include that from all sources (DON, other DoD, reserve

and/or active components, and non-DoD).

f. Use "N/A" to respond to a question and/or table that does not apply; **provide the reason(s) why it is not applicable.**

l. Provide best estimates where projections of future requirements are requested.

JUN 14'94 14:40 No.009 P.06
ID:504-942-6149
CNSRF CODE 33

## MISSION REQUIREMENTS:

A. AUTHORIZED/DIRECTED DRILL UTILIZATION

1. For all units (Department of the Navy and non-Department of the Navy) that train at your command/center give, by type of training facility (drill space), the number of facility (drill space) hours of training that was conducted in FY 1992 and FY 1993, and the number of facility hours that will be required to meet future Authorized/Directed Drill Utilization. A facility hour is equal to the number of facilities uses times the number of weekend hours per year the facility was occupied. **For example, if a Reserve Center conducts training in 3 classrooms, 50 weekends a year for 16 hours, the classroom hours would be 3 x 16 x 50 = 2,400 classroom hours worth of training.** Designate "other" by 171-15 type or other CCN.

| TYPE OF FACILITY | HISTORIC Training Hours per year | | PROJECTED Training Hours per year | | | | |
|---|---|---|---|---|---|---|---|
| | 1992 | 1993 | 1994 | 1995 | 1997 | 1999 | 2001 |
| Classrooms | 576 | 576 | 576 | 576 | 576 | 576 | 576 |
| Assembly Hall | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| Conference/Classroom | 36 | 36 | 36 | 36 | 36 | 36 | 36 |
| Multi-Media Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Team Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Armory | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (designate) | | | | | | | |
| | | | | | | | |

Duplicate all charts as necessary.

CNSRF CODE 33 ID:504-942-6149 JUN 14'94 14:40 No.009 P.07

2. Throughput. For each type of drill space utilization n response to question 1, Give the annual student throughput, (i.e. number of reservists utilizing the type of facility (drill space) or the expected throughput, for the fiscal years indicated.

| TYPE OF FACILITY | Historic Throughput | | PROJECTED THROUGHPUT (Fiscal Year) | | | | |
|---|---|---|---|---|---|---|---|
| Classrooms | 1992 | 1993 | 1994 | 1995 | 1997 | 1999 | 2001 |
| Assembly Hall | 400 | 400 | 400 | 300 | 300 | 300 | 300 |
| Conference/Classroom | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Multi-Media Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Team Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Shops | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Armory | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (designate) | | | | | | | |
| CLASSROOMS | 576 | 576 | 576 | 576 | 576 | 576 | 576 |

CNSRF CODE 33 ID:504-942-6149 JUN 14'94 14:41 No.009 P.08

3. By Category, list the Actual Manning Level and Authorized Navy Reserve Billets historically and projected for the year indicated.

| CATEGORY | | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| NUMBER OF SELRES | ACTUAL MANNING LEVEL | 335 | 287 | 310 | 326 | 326 | 326 | 326 |
| | AUTHORIZED BILLETS | 343 | 289 | 333 | 333 | 333 | 333 | 333 |
| NUMBER OF TARs | ACTUAL MANNING LEVEL | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | AUTHORIZED BILLETS | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| USN | ACTUAL MANNING LEVEL | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | AUTHORIZED BILLETS | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

CPG
CNSRF
3341B1
28 JUN 94

CNSRF
3332A
24 Jun 94

ID:504-942-6149 JUN 14'94 14:41 No.009 P.09
CNSRF CODE 33

4. By Category, list the Actual Manning Level and Authorized Marine Corps Billets historically and projected for the year indicated.

| CATEGORY | | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| NUMBER OF USMCR | ACTUAL MANNING LEVEL | 190 | 190 | 190 | 190 | 190 | 190 | 190 |
| | AUTHORIZED BILLETS | 217 | 217 | 217 | 217 | 217 | 217 | 217 |
| NUMBER OF FTS | ACTUAL MANNING LEVEL | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | AUTHORIZED BILLETS | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| USMC | ACTUAL MANNING LEVEL | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | AUTHORIZED BILLETS | 13 | 13 | 13 | 13 | 13 | 13 | 13 |

JUN 14'94 14:41 No.009 P.10
ID:504-942-6149
CNSRF CODE 33

5. Major Equipment. Identify major equipment (tanks, trucks, training craft, aircraft, etc.), if any, used in training at your Reserve Center that require special facilities for storage and maintenance (21x-xx and 4xx-xx Category Code Numbers [CCNs] as listed in the NAVFAC P-72 and described in the NAVFAC P-80, etc.) and give the types and sizes of those facilities needed. Do not include training facilities (171-xx, and 179-xx CCNs). Add other types of equipment as needed. Provide facility (dill space) requirements in terms of square feet (SF) unless another measure is appropriate; indicate alternate unit of measure if used. **Duplicate this chart as needed to list all equipment..**

| Type of Equipment | Number by Type | CCN: | | CCN: | | CCN: | |
|---|---|---|---|---|---|---|---|
| | | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required |
| None | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CNSRF CODE 33 ID:504-942-6149 JUN 14'94 14:42 No.009 P.11

6. Authorized/Directed Drill Utilization Areas. Provide any land and water area requirements for reserve Authorized/Directed Drill Utilization conducted by your Reserve Command/Center; include landing zones (LZs), gun firing positions (GPs), etc. that are scheduled individually, and impact areas. List utilized areas for each use.

| Training Area(s) | Type of Training | Hours per fiscal year |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

4297 COPIER

7. Reserve Units assigned to your Reserve Center. Indicate the number of billets authorized and the actual manning for each Unit historically and projected.

a.

| NAVY UNITS | BILLETS AUTHORIZED/ACTUAL MANNING NAVAL & MARINE CORPS RESERVE CENTER ENCINO, CA | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING |
| AS 37 DIXON DET 519 | 42 | 37 | 40 | 28 | 40 | 28 | 40 | 28 | 40 | 28 |
| CARGO HDBN 14 | 72 | 83 | 77 | 76 | 77 | 76 | 77 | 76 | 77 | 76 |
| LST 1191 RACINE 9119 | 16 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 MARDIV 2/23 | 29 | 25 | 29 | 19 | 29 | 19 | 29 | 19 | 29 | 19 |
| MOBASCONTGRP 1902 | 0 | 10 | 0 | 9 | 0 | 9 | 0 | 9 | 0 | 9 |
| NMCB 17 DET 1317 | 2 | 10 | 1 | 11 | 1 | 11 | 1 | 11 | 1 | 11 |
| SECGRU ENCINO 219 | 25 | 27 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |
| VOLTRAUNIT 1902 | 0 | 12 | 0 | 16 | 0 | 16 | 0 | 16 | 0 | 16 |
| WEAPSTA SBEACH DET 319 | 15 | 16 | 15 | 17 | 15 | 17 | 15 | 17 | 15 | 17 |
| PERSMOBTM 2519 | 27 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NDCL SAN DIEGO 319 | 14 | 10 | 14 | 7 | 14 | 7 | 14 | 7 | 14 | 7 |
| NAVHOS CAMP PENDLETON | 32 | 32 | 31 | 34 | 31 | 34 | 31 | 34 | 31 | 34 |
| NSC SDIEGO DET C 619 | 15 | 13 | 15 | 12 | 15 | 12 | 15 | 12 | 15 | 12 |
| COMSUBGRU 5 DET 219 | 0 | 0 | 23 | 16 | 23 | 16 | 23 | 16 | 23 | 16 |
| COMPHIBGRU 3 DET 119 | 0 | 0 | 20 | 14 | 20 | 14 | 20 | 14 | 20 | 14 |
| NAVINFO WEST LA 119 | 0 | 0 | 16 | 13 | 16 | 13 | 16 | 13 | 16 | 13 |
| COMNAVFOR JAPAN 119 | 0 | 0 | 30 | 32 | 30 | 32 | 30 | 32 | 30 | 32 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 321 | [illegible] | 333 | 326 | | | | | | |

b.

| MARINE CORPS UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| 2ND BN 23RD MARINES | 217 | 190 | 217 | 189 | 217 | 190 | 217 | 190 | 217 | 190 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.



UTC 68149

ENCL (1)

JUN 14'94 14:43 No.009 P.14
ID:504-942-6149
CNSRF CODE 33

c.

| ARMY UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

d.

| COAST GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

ID:504-942-6149 JUN 14'94 14:43 No.009 P.16
CNSRF CODE 33

e.

| NATIONAL GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

ID:504-942-6149 JUN 14'94 14:44 No.009 P.17
CNGRF CODE 33

f.

| AIR NATIONAL GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

JUN 14'94 14:44 No.009 P.18
ID:504-942-6149
CNSRF CODE 33

g.

| JOINT UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

JUN 14'94 14:44 No.009 P.19
ID:504-942-6149
CNSRF CODE 33

8. List all other users that trained at your Reserve Command/Center facilities on drill weekends.

| User | NUMBER OF PERSONNEL PARTICIPATING | | | | | | |
|---|---|---|---|---|---|---|---|
| | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
| NONE | | | | | | | |
| | | | | | | | |
| | | | | | | | |

9. What is the average number of weekends per month that the Reserve Center is conducting training?

2.

CNSRF CODE 33 ID:504-942-6149 JUN 14'94 14:45 No.009 P.20

## FACILITIES

A. Facilities (Drill Space)

1. Complete the following tables for all of the drill spaces at your Reserve Center. The types of facilities (drill spaces) in the succeeding tables should correspond with that used to identify facility requirements / usage in the Mission Requirements Section of this Data Call. Reproduce the tables as necessary to include all facilities in which training occurs. **Do not include any inadequate facilities. 16 hours per week availability is presumed for all facilities**; in the "Non-Availability" column indicate when the facility cannot be scheduled; and in the "Normally Scheduled for Use" column provide facility usage based on the normal work schedule in force.

JUN 14'94 14:45 No.009 P.21
ID:504-942-6149
CNSRF CODE 33

2. CCN: 171-15 (Reserve Building). For each general type of facility (drill space), list individually and identify all others designed to support a particular type of Authorized/Directed Drill Utilization. (Non-Availability Weekend Drill Days are the number of regularly scheduled drill days for which the particular drill space could not be utilized for any reason.
CCN: 171-15 (A or B)

| Type of Authorized/Directed Drill Utilization Facility (drill space) | Number of Facility (drill space)Type | Unique to the Reserve Command/ Center (Y/N) | Non-Availability Weekend Drill Days per year (FY 1993) | Normally Scheduled per drill weekend (FY 1993) | |
|---|---|---|---|---|---|
| | | | | Average Utilization (hrs/day) | Average Utilization (hours/yr) |
| Classrooms: | 13 | N | 0 | 8 | 576 |
| Assembly Hall | 1 | N | 0 | 1 | 12 |
| Conference/Classroom | 1 | N | 0 | 3 | 36 |
| Multi-Media Center | 0 | | | | |
| Team Training | 0 | | | | |
| Shops | 0 | | | | |
| Armory | 1 | N | 0 | 0 | 0 |
| Other (designate) | | | | | |

3. Complete the following table in square feet used, or expected to be used, in each category: *The total should equal the square footage of your Reserve Center.

| TYPE OF FACILITY (drill space) | Current Allocation | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 | |
|---|---|---|---|---|---|---|---|---|---|
| ADMINISTRATION | 17,820 | 17,820 | 17,820 | 17,820 | 17,820 | 17,820 | 17,820 | 17,820 | R |
| CLASSROOMS | 6,350 | 6,350 | 6,350 | 6,350 | 6,350 | 6,350 | 6,350 | 6,350 | R |
| TRAINERS | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 540 | |
| LABS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| SHOPS | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | |
| VEHICLE MAINTENANCE BAYS | 1,870 | 1,870 | 1,870 | 1,870 | 1,870 | 1,870 | 1,870 | 1,870 | R |
| STORAGE | 7,255 | 7,255 | 7,255 | 7,255 | 7,255 | 7,255 | 7,255 | 7,255 | R |
| SUPPLY | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | |
| Armory | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | R |
| OTHER | 25,426 | 25,426 | 25,426 | 25,426 | 25,426 | 25,426 | 25,426 | 25,426 | R |
| OTHER CCNs* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL SQ. FT. | 62,366 | 62,366 | 62,366 | 62,366 | 62,366 | 62,366 | 62,366 | 62,366 | R |

* Other CCNs owned and operated by the Reserve Center (i.e. 171-35 Operational Trainer Facility, or 171-50 Small Arms Range - Indoor) where training occurs.



R
19 Sep 94

JUN 14'94 14:46 No.009 P.22
ID:504-942-6149
CNSRF CODE 33

3. Complete the following table in square feet used, or expected to be used, in each category: *The total should equal the square footage of your Reserve Center.

| TYPE OF FACILITY (drill space) | Current Allocation | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| ADMINISTRATION | 1960 | 1960 | 1960 | 1960 | 1960 | 1960 | 1960 | 1960 |
| CLASSROOMS | 6700 | 6700 | 6700 | 6700 | 6700 | 6700 | 6700 | 6700 |
| TRAINERS | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 540 |
| LABS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SHOPS | 1375 | 1375 | 1375 | 1375 | 1375 | 1375 | 1375 | 1375 |
| VEHICLE MAINTENANCE BAYS | 1390 | 1390 | 1390 | 1390 | 1390 | 1390 | 1390 | 1390 |
| STORAGE | 4575 | 4575 | 4575 | 4575 | 4575 | 4575 | 4575 | 4575 |
| SUPPLY | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 |
| Armory | 1170 | 1170 | 1170 | 1170 | 1170 | 1170 | 1170 | 1170 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER CCNs* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL SQ. FT. | 18,640 | 18,640 | 18,640 | 18,640 | 18,640 | 18,640 | 18,640 | 18,640 |

* Other CCNs owned and operated by the Reserve Center (i.e. 171-35 Operational Trainer Facility, or 171-50 Small Arms Range - Indoor) where training occurs.

CNSRF CODE 33 ID:504-942-6149 JUN 14'94 14:46 No.009 P.23

4. What major factors preclude full utilization of drill spaces and classroom spaces, e.g., scheduling inefficiencies for classroom, reservist/instructor ratio, availability of instructors, etc.? Historically, what percentage of drill space is vacant because of these factors? NO MAJOR FACTORS.

JUN 14'94 14:46 No.009 P.24
ID:504-942-6149
CNSRF CODE 33

B. Authorized/Directed Utilization Areas. List all of the Reserve Command/Center land and water utilization areas; include landing zones (LZ)s, gun firing positions (GP)s, etc. that are scheduled individually, and impact areas.

| Utilization Areas | Size (Acres) | Number of Personnel involved per event | Non-Availability (FY 1993) (days per year) |
|---|---|---|---|
| NONE | | | |
| | | | |
| | | | |

1. Airspace. List any airspace used by your Reserve Command/Center.

| Airspace Name | Dimensions | Scheduling Agency | Controlling Agency |
|---|---|---|---|
| NONE | | | |

2. Airfields. List any airfields used by your Reserve Command/Center.

| Airfield | Location | Ownership (Service/non-DoD) |
|---|---|---|
| NONE | | |

JUN 14'94 14:47 No.009 P.25
ID:504-942-6149
CNSRF CODE 33

## Features and Capabilities

A. Expansion

1. Assuming that your Reserve Command/Center is not constrained by operational funding (i.e. personnel support, increased overhead costs, etc.) with the *present* physical plant, facilities etc., **how many additional reservists could be assigned to your Command/Center?** 1000.

2. Describe any investment you see that could significantly increase your capacity to accomplish the Authorized/Directed Drill Utilization missions; include costs, and indicate what additional capacity, in terms of utilization hours per drill period and utilization days per fiscal year.

NONE

3. List and explain the limiting factors that further funding for personnel, equipment, MILCON, etc. **cannot overcome** (e.g., environmental restrictions, land areas, scheduling conflicts).

NONE

ORIGINAL

BRAC-95 CERTIFICATION

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

R. E. SNIDER
NAME (Please type or print)

R. E. Snider
Signature

FACILITIES MANAGER
Title

6/17/94
Date

FACILITIES
Division

NAVY
Department

N&MCRC ENCINO, CA.
Activity

ORIGINAL

BRAC-95 CERTIFICATION

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

G. T. DELACRUZ
NAME (Please type or print)

Gregorio DelaCruz
Signature

TRAINING OFFICER
Title

6/17/94
Date

TRAINING
Division

NAVY
Department

N&MCRC ENCINO, CA.
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) | Signature |
| Title | Date |

Data Call 48 Activity: NMCRC Encino, CA

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 | Signature |
| ACTING | 15 JUL 1994 |
| 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. A. GOFF, CAPT, USNR
NAME (Please type or print)

Signature

COMMANDER
Title

02 JUL 94
Date

NAVRESREDCOM REG NINETEEN
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)

J. B. BELL, CAPT, USNR
NAME (Please type or print)

Signature

COMMANDER-ACTING
Title

5 JUL 94
Date

COMNAVSURFRESFOR
Activity

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

**MAJOR CLAIMANT LEVEL**

T. F. HALL, RADM, USN
NAME (Please type or print)

T F Hall
Signature

COMMANDER
Title

7/6/94
Date

COMNAVRESFOR
Activity

ORIGINAL

**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**

R. E. RAUTENBERG
**NAME (Please type or print)**

Signature

COMMANDING OFFICER
**Title**

6/17/94
**Date**

N&MCRC ENCINO, CA.
**Activity**

Data Call 48 UIC 68174

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. A. GOFF
NAME (Please type or print)

Signature

COMMANDER
Title

9/15/94
Date

NAVAL RESERVE READINESS COMMAND, REGION NINETEEN
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)

JOHN B. BELL, CAPT, USNR
COMMANDER - ACTING
COMNAVSURFRESFOR

Signature

30 SEP 1994
Date

Activity

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

CNO/**MAJOR CLAIMANT LEVEL**

T. F. HALL
NAME (Please type or print)

TF Hall
Signature

COMMANDER NAVAL RESERVE FORCE
Title

10/13/94
Date

DIRECTOR OF THE NAVAL RESERVE (CNO N095)
Activity

Dtz CPL 48 68174

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

R. E. RAUTENBERG
NAME (Please type or print)

R E Rautenberg
Signature

COMMANDING OFFICER
Title

9/9/94
Date

NMCRC ENCINO, CA.
Activity



4607

Data Call 48

6.8174

BRAC-95 CERTIFICATION

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

R. E. SNIDER
NAME (Please type or print)

R. E. Snider
Signature

Facilities Manager
Title

9/9/94
Date

Facilities
Division

Navy
Department

NMCRC ENCINO, CA.
Activity

733

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
RESERVE CENTER: NAVAL & MARINE CORPS RESERVE CENTER ENCINO
ACTIVITY UIC: 68174

Category..... Personnel Support
Subcategory.....ReserveTraining Centers
Type.....Navy and Marine Corps Reserve Training Centers

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

TABLE OF CONTENTS

Data for Military Value

Introduction
.....
.1

MISSION REQUIREMENTS

Mission Statement
.....3

A. Authorized/Directed Drill Utilization

1. Utilization
.....4

2. Off-Site and Audio Visual Instruction
.....5

3. Off-Site and Audio Visual Instruction Additions
.....6

4. Utilization requiring special/unique
facilities.....6

B. Other Support

1. Client/Customer Base

a. Units assigned
.....7

b. Other Units that utilize the Reserve
Command/Center.....7

c. Where Unit drills
.....8

d. Not Assigned utilization .....
.....8

e. Contributory (Peacetime) Support

.....8

2. Demographics

a. Travel Distance to Reserve Command/Center.....8

b. Other Reserve Command/Centers within 100 miles.....8

c. Other Reserve Command/Centers beyond 100 miles.....8

d. Reserve Command/Centers in the state.....9

e. Other Guard, Reserve facilities .....10

f. Waiting for billets .....10

g. Unique Demographic impacts on recruiting.....10

h. Unique Demographic impact on outside recruiting.....10

i. Other military support missions.....10

j. Any new missions planned.....10

k. Other Non-Military Support

1. Role in disaster assistance.....11

2. Direct support to agencies.....11

3.. Any new non-DoD missions planned .....11

FACILITIES

A. Facility Description

1. Facility type and condition.....12

2. Facility square footage.....13

3. NAVFACINST 11010.44E.....13

4. Outside utilization.....14

6. Marine Corps Reserve Vehicles & Equipment.....15

7. Other Training Buildings.....16

9. Authorized/Directed Drill Utilization outside of buildings.....17

10. Equipment Utilized.....18

11. Unusable Areas.....19

12. Limited Use Areas.....19

a. Restricted Use.....19

Berthing Capacity Module.....20

Weapons and Munitions Module.....25
Location

1. Proximity to Reservists.....29

2. Proximity to Transportation Nodes.....29

3. Proximity to Mobilization Sites.....29

Weather.....30

Features and Capabilities.....31

Ability for Expansion.....32

Quality of Life Module.....35

## Introduction

1. Purpose. This introduction provides general instructions for replying to this data call; individual questions and footnotes give specific instructions for completion of tables, computations, etc.

2. References

a. Refer to the NAVFAC P-72 for Facility (drill space) Category Code Numbers (CCNs).

b. Refer to the NAVFAC P-72 for Facility Category Code Numbers (CCNs).

c. NAVFAC P-80 provides a discussion of the general nature of each CCN; use it to delineate "types" of facilities that share a common CCN.

d. Refer to NAVFACINST 11010.44E for definition of adequate, substandard, and inadequate facilities.

3. Definition of Terms. For purposes of this data call the following apply:

a. A **Course of Instruction** (i.e. Navy Rights and Responsibilities Workshop, Operations Security ) comprises one or more individual contact periods (classes).

b. A **Facility** is a space (e.g. a room), a defined area (e.g. a range), a structure (e.g. a building), or a structure other than a building (e.g. an obstacle course); it is possible for a building to house one or more facilities of different types.

4. Coordinating Instructions

a. Enter the primary UIC *of the data call respondent* at the bottom of each page of the response; ensure that additional pages created include this identifier.

b. Where information about current facilities available is requested, include MILCON projects that are not BRAC related, which have been authorized and appropriated and for which contracts are to be awarded by 30 September 1994; *do not* include projects submitted in the FY 95 Presidential Budget. Proposed MILCON projects in support of previous BRAC decisions should be included in response by gaining activities but excluded from closing or losing activities.

c. If any of the information requested is subject to change between now and the end of Fiscal Year 2001 due to known redesignations, realignments/closures or other action, provide current and projected data and so

annotate.

d. Tenant activities of a Reserve Training Center that use space must be accounted for under the Reserve Command/Center UIC for all courses taught and classroom space utilized.

e. Unless specified otherwise, "throughput" figures should include that from all sources (DON, other DoD, reserve and/or active components, and non-DoD).

f.. Use "N/A" to respond to a question and/or table that does not apply; **provide the reason(s) why it is not applicable.**

i. Provide best estimates where projections of future requirements are requested.

## MISSION REQUIREMENTS

Mission Statement: State the mission of this Reserve Command/Center in sufficient detail that it can be distinguished from other Reserve facilities.

Train Selected Reservist in the vicinity of Encino, Ca for potential Mobilization

Provide Administrative support to Reserve Units assigned to NMCRC Encino

Mission Requirements

A. Authorized/Directed Drill Utilization

1. Using the table below, indicate the utilization of drill space that are currently conducted at your Reserve Command/Center. For each utilization give the number of students trained, "throughput" during FY 1993, what facility in the Reserve Command/Center was utilized, or CCN outside of the Reserve Center, and the number of facility hours used in each utilization. A facility hour is equal to the number of facilities used times the number drill period hours per year the facility was occupied. For example if a Reserve Command/Center utilizes 5 classrooms, 48 weekends a year for 16 hours, the facility hours would be 5 x 48 x 16 = 3840.

| Purpose of Utilization | Student Throughput | # of Uses | Drill Space Utilized | Facility (space) Hours |
|---|---|---|---|---|
| CLASSROOM LECTURES | 540 | 36 | CLASSROOMS | 576 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Mission Requirements**

2. For the instruction conducted by your personnel away from the Reserve Command/Center during Authorized Directed Drill periods, list the type of instruction, number of training instances, and the method of instruction (i.e. off-site instructor, audio visual presentation, etc. ).

| INSTRUCTION | FREQUENCY OF INSTRUCTION | METHOD OF INSTRUCTION |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. For the instruction available at your Reserve Command/Center, list the type of instruction, number of training instances, and the method of instruction (i.e. off-site instructor, audio visual presentation, video tape, etc.) that could be conducted away from your installation during your normal Authorized/Directed drilling periods.

| INSTRUCTION | FREQUENCY OF INSTRUCTION PER YR. | METHOD OF INSTRUCTION |
|---|---|---|
| MOBILIZATION TRNG | 12 | LECTURES |
| GMT | 12 | LECTURES |
| DIRECTED TRAINING | 06 | LECTURES |
| RATE TRAINING | 12 | LECTURES |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4. List facility (drill space) uses of your Reserve Command/Center that require special/unique facilities (drill spaces) which are not reasonably available (within 100 miles) at any other Guard or Reserve Command/Center.

| Course | Unique/Special Facility Requirements |
|---|---|
| NONE | |
| | |
| | |
| | |
| | |

# 49

UIC 68174

B. Other Training Support

1. Client/Customer Base.

a. List all Reserve units/tenants assigned and supported by this facility as of 30 September 1994, the UIC or identifying number, and their manning levels.

| UNIT | MILITARY BRANCH | UIC | RESERVE MANNING LEVEL | ACTIVE DUTY SUPPORT MANNING LEVEL | CIVILIAN MANNING LEVEL |
|---|---|---|---|---|---|
| CHB14 | USNR | 82219 | 74 | 1 | 0 |
| NH CPEND | USNR | 83331 | 31 | 0 | 0 |
| 4 MD | USNR | 88503 | 20 | 0 | 0 |
| WEAP STA | USNR | 86014 | 16 | 0 | 0 |
| NSC | USNR | 89057 | 14 | 0 | 0 |
| NAV INFO | USNR | 86289 | 10 | 0 | 0 |
| CNFJ | USNR | 86915 | 32 | 0 | 0 |
| SUB GRU 5 | USNR | 86108 | 14 | 0 | 0 |
| PHIB GRU 3 | USNR | 89651 | 13 | 0 | 0 |

b. List all other units/groups not previously mentioned (active, reserve, guard, civilian, social agency, charitable organization,etc.) that utilizes space at your installation as of 30 September 1994.

| UNIT | Facilities Used |
|---|---|
| 2/23 MARINES | OFFICE & CLASSROOM SPACE |
| NAVY RES RECRUTG | OFFICE SPACE |
| | |
| | |

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▶ 4

To LCDR Salcedo
Dept/Agency RED COM 14 (Code 07)
Fax #

From HTC Snider ENCINO
Phone # (818) 344-5101
Fax #

GENERAL SERVICES ADMINISTRATION



(4)

UIC 68174

a. List all Reserve units/tenants assigned and supported by this facility as of 30 September 1994, the UIC or identifying number, and their manning levels.

| UNIT | MILITARY BRANCH | UIC | RESERVE MANNING LEVEL | ACTIVE DUTY SUPPORT MANNING LEVEL | CIVILIAN MANNING LEVEL |
|---|---|---|---|---|---|
| SECGRU | USNR | 87175 | 21 | 1 | 0 |
| NDCL | USNR | 89113 | 07 | 0 | 0 |
| DIXON | USNR | 85119 | 37 | 0 | 0 |
| NMCB 17 H & S CO | USNR | 85164 | 11 | 0 | 0 |
| 2ND BN 23RD MAR | USMCR | 14121 | 203 | 20 | 0 |
| RECRUITING | USNR | 47763 | 0 | 5 | 0 |
| | | | | | |
| | | | | | |
| | | | | | |

b. List all other units/groups not previously mentioned (active, reserve, guard, civilian, social agency, charitable organization,etc.) that utilizes space at your installation as of 30 September 1994.

| UNIT | Facilities Used |
|---|---|
| | |
| | |
| | |
| | |

c. For Fiscal Year 1993 list the percentage of Authorized/Directed Drill Utilization performed at the Reserve Command/Center, Gaining Command or other site.

| UNIT | SITE | | |
|---|---|---|---|
| (Navy or Marine Corps | Reserve Command/Center | Gaining Command | Other Site |
| See following page | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

d. For fiscal years 1991, 1992 and 1993, how many reservists not assigned to your facilities performed Authorized/Directed Drills at your site (i.e. for additional duty, convenience, unique equipment or trainer unitization, etc.)? Include all military branches and supply explanation. None

e. What percentage of your assigned Navy and Marine Corps Reserve Units' Authorized/Directed Drill Utilization is spent in Fleet contributory (Peacetime) support both at your Reserve Command/Center and at other activities? Specify percentage and where performed. See following pages.

C. FOR FISCAL YEAR 1993 LIST THE PERCENTAGE OF AUTHORIZED/DIRECTED DRILL UTILIZATION PERFORMED AT THE RESERVE COMMAND/CENTER, GAINING COMMAND OR OTHER SITE.

| UNIT | RESERVE COMMAND/CENTER | SITE GAINING COMMAND | OTHER SITE |
|---|---|---|---|
| CARGO HDBN 14 | | 100% | |
| NAVHOSP CPEND | 50% | 50% | |
| AS-37 DIXON | 20% | 80% | |
| NMCB 17 1317 | | 100% | |
| WEAPSTA SEAL BEACH | 20% | 80% | |
| COMSUBGRU FIVE | 20% | 80% | |
| NAVINFO WEST 119 | 30% | 65% | 5% |
| CNFJ | 100% | | |
| SECGRU 219 | 60% | 40% | |
| 4TH MARDIV 2/23 | 20% | 80% | |
| NSC DET 619 | 20% | 80% | |
| NDCL | 40% | 60% | |
| COMPHIBGRU THREE | 20% | 80% | |

E. WHAT PERCENTAGE OF YOUR ASSIGNED NAVY AND MARINE CORPS RESERVE UNITS' AUTHORIZED/DIRECTED DRILL UTILIZATION IS SPENT IN FLEET CONTRIBUTORY (PEACETIME) SUPPORT BOTH AT YOUR RESERVE COMMAND/CENTER AND AT OTHER ACTIVITIES? SPECIFY PERCENTAGE AND WHERE PERFORMED.

| | | |
|---|---|---|
| CARGO HANDLING BN 14 | 100% | WILLIAMSBURG, VA |
| NHOSP CPEND | 60% | NH CPEND, OCEANSIDE, |
| . . | 40% | NH PORT HUENEME |
| AS-37 DIXON | 100% | USS DIXON, SAN DIEGO, CA |
| NMCB 17 DET 1317 | 100% | PORT HUENEME, CA |
| WEAPSTA | 100% | WEAPSTA SEAL BEACH |
| SUBGRU FIVE | 100% | SAN DIEGO, CA |
| NAVINFO WEST | 60% | LOS ANGELES, CA |
| . . | 40% | SAN DIEGO, CA |
| CNFJ | 100% | YOKOSUKA, JAPAN |
| SECGRU | 70% | SAN FRANCISCO, CA |
| . . | 15% | KEY WEST FLORIDA |
| . . | 15% | FORT MEADE, MARYLAND |
| 4TH MARDIV | 80% | 29 PALMS, CA |
| . . | 20% | CAMP WILLIAMS, UTAH |
| NSC DET 619 | 60% | NSC SAN DIEGO |
| . . | 30% | NSC PEARL HARBOR HAWAII |
| . . | 10% | NSC SCOTLAND |
| NDCL | 50% | NAVAL DENTAL CLINIC PORT HUENEME, CA |
| . . | 50% | NDCL SAN DIEGO, CA |
| COMPHIBGRU 3 | 100% | PHIGBRU THREE |

4. Demographics (Duplicate All charts as necessary)

A. List the average travel distances of Navy and Marine Corps Reservists and number that travel those average distances.

| | 0 - 50 miles | 51 - 100 miles | 100+ miles |
|---|---|---|---|
| # of Personnel | 198 | 78 | 38 |

B. List all military Guard and Reserve Command/Centers and distance within 100 miles of your reserve center:

| Name of Center | miles |
|---|---|
| SEE FOLLOWING PAGES | |
| | |
| | |
| | |

C. List the all military Reserve Command/Centers and distance between 100 and 200 miles of your Reserve Command/Center:

| Name of Center | miles |
|---|---|
| SEE FOLLOWING PAGES | |
| | |
| | |
| | |

D. List all the Navy and Marine Corps Reserve Command/Centers in your state and the distance from your Reserve Command/Center to these centers. Indicate any shared training resources or facilities with these Reserve Command/Centers (i.e. shared equipment, instructors instruction materials, facilities (drill space) or training areas, etc, without regard to scheduling and/or manning conflicts..

| Name of Center | Miles | Resources Shared |
|---|---|---|
| SEE FOLLOWING PAGES | | |

4B. LIST ALL MILITARY GUARD AND RESERVE COMMAND/CENTERS AND DISTANCE WITHIN 100 MILES OF YOUR RESERVE CENTER:

| NAME OF CENTER | MILES |
|---|---|
| 1. LONG BEACH READINESS CENTER | 40 |
| 2. POMONA RESCEN | 55 |
| 3. SAN BERNARDINO RESCEN | 75 |
| 4. SANTA ANA RESCEN | 50 |
| 5. SANTA BARBARA RESCEN | 80 |
| 6. DESIDERIO U.S. ARMY RESERVE CENTER, PASADENA CA | 22 |
| 7. PATTON U.S. ARMY RESERVE CENTER, BELL CA | 29 |
| 8. ARMED FORCES RESERVE CENTER LOS ALAMITOS, CA | 48 |
| 9. HAZARD PARK U.S. ARMY RESERVE CENTER LOS ANGELES, CA | 24 |
| 10. SCHROEDER HALL U.S. ARMY RESERVE CENTER LONG BEACH, CA | 40 |
| 11. EL MONTE U.S. ARMY RESERVE CENTER EL MONTE, CA | 37 |
| 12. SANTA ANA U.S. ARMY RESERVE CENTER IRVINE, CA | 65 |
| 13. GARDEN GROVE U.S. ARMY RESERVE CENTER GARDEN GROVE, CA | 48 |
| 14. SGT ROARK U.S. ARMY RESERVE CENTER OCEANSIDE, CA | 80 |
| 15. DANIELS HALL U.S. ARMY RESERVE CENTER VAN NUYS, CA | 2 |
| 16. SAN BERNARDINO U.S. ARMY RESERVE CENTER SAN BERNARDINO | 75 |
| 17. VENTURA ARMED FORCES RESERVE CENTER VENTURA CA | 45 |
| 18. SANTA BARBARA U.S. ARMY RESERVE CENTER SANTA BARBARA CA | 60 |
| 19. UPLAND U.S. ARMY RESERVE CENTER UPLAND, CA | 70 |
| 20. WEST LOS ANGELES U.S. ARMY RESERVE CENTER LA, CA | 35 |
| 21. COAST GUARD UNIT C3I WEST, MARCH AIR FORCE BASE RIVERSIDE | 80 |
| 22. COAST GUARD SUPPORT CENTER SAN PEDRO, SAN PEDRO CA | 42 |
| 23. COAST GUARD STATION LOS ANGELES/LONG BEACH, SAN PEDRO CA | 42 |
| 24. COAST GUARD ELEVENTH DISTRICT HEADQUARTERS, LONG BEACH CA | 40 |
| 25. COAST GUARD GROUP/MARINE SAFETY OFFICE LOS ANGELES CA | 40 |
| 26. COAST GUARD AIR STATION LOS ANGELES, LOS ANGELES, CA | 22 |
| 27. COAST GUARD MARINE SAFETY DETACHMENT SANTA BARBARA CA | 80 |
| 28. COAST GUARD STATION CHANNEL ISLANDS HARBOR, OXNARD CA | 56 |
| 29. COAST GUARD MOTION PICTURE-TV LIAISON OFFICE LOS ANGELES CA | 22 |
| 30. COAST GUARD RESERVE GROUP CENTRAL CALIFORNIA, SAN PEDRO CA | 40 |
| 31. COAST GUARD RESERVE UNIT STATION LOS ANGELES/LONG BEACH CA | 42 |
| 32. COAST GUARD RESERVE UNIT MARINE SAFETY OFFICE SAN PEDRO CA | 40 |
| 33. COAST GUARD RESERVE UNIT STATION CHANNEL ISLANDS SAN PEDRO | 42 |
| 34. COAST GUARD RESERVE UNIT SUPPORT CENTER SAN PEDRO CA | 42 |
| 35. AIR NATIONAL GUARD COSTA MESA, CA | 55 |
| 36. AIR NATIONAL GUARD ONTARIO, CA | 65 |
| 37. AIR NATIONAL GUARD PT MUGU, CA | 60 |

4C. LIST THE ALL MILITARY RESERVE COMMAND/CENTERS AND DISTANCE BETWEEN 100 AND 200 MILES OF YOUR RESERVE COMMAND/CENTERS:

| NAME OF CENTER | MILES |
|---|---|
| 1. REDCEN SAN DIEGO | 150 |
| 2. RESCEN BAKERSFIELD | 100 |
| 3. INGALLS HALL U.S. ARMY RESERVE CENTER NORCO, CA | 140 |
| 4. SAN DIEGO U.S. ARMY RESERVE CENTER | 150 |
| 5. VON DEMAN HALL U.S. ARMY RESERVE CENTER | 160 |
| 6. MIRIMAR U.S. ARMY RESERVE CENTER | 154 |
| 7. WILKSON HALL U.S. ARMY RESERVE CENTER BAKERSFIELD | 100 |
| 8. GARDEN GROVE U.S. ARMY RESERVE CENTER STANTON CA | 170 |
| 9. INGALLS HALL U.S. ARMY RESERVE CENTER NORCO, CA | 140 |
| 10. SAN DIEGO U.S. ARMY RESERVE CENTER SAN DIEGO, CA | 150 |
| 11. MIRAMAR U.S. ARMY RESERVE CENTER SAN DIEGO, CA | 154 |
| 12. VAN DEMAN HALL U.S. ARMY RESERVE CENTER SAN DIEGO, CA | 160 |
| 13. WILKSON HALL U.S. ARMY RESERVE CENTER BAKERSFIELD, CA | 100 |
| 14. GARDEN GROVE U.S. ARMY RESERVE CENTER STANTON, CA | 170 |
| 15. AIR NATIONAL GUARD SAN DIEGO, CA | 155 |

4D. LIST ALL THE NAVY AND MARINE CORPS RESERVE COMMAND/CENTERS IN YOUR STATE AND THE DISTANCE FROM YOUR RESERVE COMMAND/CENTER TO THESE CENTERS. INDICATE ANY SHARED TRAINING RESOURCES OR FACILITIES WITH THESE RESERVE COMMAND/CENTERS (I.E. SHARED EQUIPMENT, INSTRUCTORS INSTRUCTION MATERIALS, FACILITIES (DRILL SPACE) OR TRAINING AREAS, ETC, WITHOUT REGARD TO SCHEDULING AND/OR MANNING CONFLICTS.

| NAME OF CENTER | MILES | RESOURCES/SHARED |
|---|---|---|
| RESCEN BAKERSFIELD | 100 | N/A |
| REDCEN LONG BEACH | 40 | INSTRUCTORS/EQUIPMENT |
| RESCEN POMONA | 55 | N/A |
| RESCEN SAN BERNARDINO | 75 | N/A |
| REDCEN SAN DIEGO | 150 | N/A |
| RESCEN SANTA ANA | 50 | N/A |
| RESCEN SANTA BARBARA | 80 | N/A |
| RESCEN ALAMEDA | 460 | N/A |
| ARMED FORCES RESCEN FRESNO | 420 | N/A |
| RESCEN PACIFIC GROVE | 250 | N/A |
| RESCEN SACRAMENTO | 620 | N/A |
| RESCEN SAN BRUNO | 470 | N/A |
| REDCEN SAN FRANCISCO | 530 | N/A |
| RESCEN SAN JOSE | 440 | N/A |
| ARMED FORCES RESCEN STOCKTON | 560 | N/A |
| RESCEN VALLEJO | 450 | N/A |

E. List all other Guard, Reserve and non-DoD facilities within 100 miles your Reserve Command/Center that your assigned personnel could use for Authorized/Directed Drill Utilization or with which you could share resources or drill space (i.e shared equipment, instructors, instruction materials, facilities (drill space) or training areas, etc.)., without regard for scheduling and/or manning conflicts.

REDCEN LONG BEACH RESCEN SAN BERNARDINO
RESCEN POMONA RESCEN SANTA ANA
RESCEN SANTA BARBARA

F. For the entire Reserve Command/Center, summarize the average number of reservists on waiting lists for reserve billets in all units during the year. (i.e. VTU, IRR and recruits).

| RESERVISTS | FISCAL YEAR 1994 |
|---|---|
| OFFICER | 11 |
| ENLISTED | 12 |

G. What are the unique demographics of your area that could help or hinder the recruitment of the type(s) and/or numbers of Navy/Marine Corps Selected Reservists needed to fulfill your requirements?(i.e. limited maritime access, small population center, etc.)

HELP - VERY LARGE POPULATION CENTER

H. What are the unique demographics of your area that could help or hinder the recruitment of the type(s) and/or numbers of Navy/Marine Corps Selected Reservists needed to fulfill requirements at other Reserve Command/Centers? (i.e. large population center, proximity to active Navy facilities, etc.)

HELP - VERY LARGE POPULATION CENTER

H. List any other military support missions currently conducted at/from your Reserve Command/Center (e.g., port of embarkation for USNR and USMCR personnel, other active duty/reserve personnel or logistics transfer missions).

NAVY/MARINE RESERVE RECRUITING

I. Are any new military missions planned for this Reserve Command/Center? NO

H. Other Non-Military Support

1. Does the Reserve Command/Center have a role in a disaster assistance plan, search and rescue, or local evacuation plan? If so, describe.

NO

2. Does the Reserve Command/Center provide any direct support to local civilian, governmental or military agencies? If so, describe (e.g. drug awareness programs, CPR Training, honor guards for funerals, color guards for civic functions, etc.)

HIGHWAY PATROL TRNG ASVAB TESTING FOR MEPS
HONOR GUARD FOR FUNERALS DEFENSE INVESTIGATIVE SERVICE OFFICE SPACE

3. Are any new civilian or other non-DoD missions planned for this Reserve Command/Center? If so, describe. NO

## Facilities

A. **Facilities Description.** Complete the following tables as applicable.

1. Naval Reserve Centers; Marine Corps Reserve Training & Administration Buildings; and Reserve Naval Construction Forces: In the following table, indicate the space available; average age; condition of the facility; plant value; and amount and cost of leased space. (Facility Type/Functions obtained from the Facility Planning Criteria For Navy and Marine Corps Shore Installations, NAVFAC P-80)

NAVY & MARINES COMBINED

| Facility Type/Function (in Sq. Ft. unless noted) | Av. Age | Ad-equate | Substan-dard | Inad-equate | Total | Plant Value | Leased Property (SF) | Cost of Leased Property |
|---|---|---|---|---|---|---|---|---|
| Admin | 21Y | 15295 | | | 15295 | 382375 | 0 | |
| Classrooms | 21Y | 6,700 | | | 6,700 | 167500 | 0 | |
| Trainers | 21Y | 540 | | | 540 | 2723 | 0 | |
| Labs | N/A | | | | | | | |
| Shops | 21Y | 1,375 | | | 1,375 | 34375 | 0 | |
| Bays | 21Y | 1,390 | | | 1,390 | 34750 | 0 | |
| Storage | 21Y | 4,575 | | | 4,575 | 114375 | 0 | |
| Supply | 21Y | 930 | | | 930 | 23250 | 0 | |
| Pistol Range (# of Facilities) | N/A | | | | | | | |
| Other Ranges (Specify) (# of Facilities) | N/A | | | | | | | |
| Armory | 21Y | 1,170 | | | 1,170 | 29250 | 0 | |
| Parking - POV (Sq. Yds. (SY)) | 21Y | 6,577 | | | 6,577 SQ YD | 2190 | 0 | |
| Parking - Organizational Vehicles (SY) | 21Y | 1,055 | | | 1,055 SQ YD | 350 | 0 | |
| Land (Acres) | | 15.32 | | | 15.32 | | 15.32 | 0 |
| Other (Specify) | | | | | | | | |
| | | | | | | | | |

2. Give the total square footage of the facilities (drill space) at your Reserve Center. Break out the square footage by the type of facilities (i.e. classroom, assembly hall, multi-media center, etc.), and within each type, by the material condition of the facility (i.e., Adequate, Substandard, and Inadequate).

| Facility (drill space)Type | Square Footage | Adequate | Substandard | Inadequate |
|---|---|---|---|---|
| DRILL HALL | 7200 | 7200 | 0 | 0 |
| CLASSROOMS | 6700 | 6700 | 0 | 0 |
| ADMIN | 15295 | 15295 | 0 | 0 |

3. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

N/A ALL FACILITIES ARE ADEQUATE

4. List the location of space outside of the Reserve Command/Center utilized for drilling, if any, by Category Code Number CCN, as described in NAVFAC P-80, and the condition of those resources.

| CCN: 171-20 | Adequate | Substandard | Inadequate |
|---|---|---|---|
| CHB-14 CBC PORT HUENEME CA | 12,600 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | 12,600 | | |

5. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

N/A ALL FACILITIES ARE ADEQUATE

6. Marine Corps Reserve Vehicle & Equipment Maintenance Facility: Complete the following table.

| Facility Type | Automotive | | Track/Artillery Heavy Equipment | | General Space | Total |
|---|---|---|---|---|---|---|
| | Bays | SF | Bays | SF | | |
| A | | | | | | |
| B | 1 | 956 | NONE | N/A | 434 SF | 1,390 |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |

SF----------Provide gross square feet
General Space-Includes office, storage, work benches and toilets
Facility Types:

| Unit Type | Facility Type |
|---|---|
| **Companies:** | |
| Infantry/Military Police | A |
| Communications/Reconnaissance | B |
| Anglico/MT/Amphib Tractor/Tank | C |
| Engineer/Transport | D |
| **Batteries:** | |
| 105 mmHOW/155 mmHOW | C |
| LAAM | D |
| SP:155 mmHOW/8" HOW | E |
| **Battalions:** | |
| Infantry/Reconnaissance | B |
| Tank/Artillery/Amphib Tractor/MT | C |
| Engineer/Artillery | E |

7. Other Training Buildings

a. Give the square footage of any training buildings listed in the table below that are at available for use by your Reserve Center. Break out the square footage by the material condition of the facility (i.e., Adequate, Substandard, and Inadequate).

| CCN | Type of Training Building | Adequate | Substandard | Inadequate |
|---|---|---|---|---|
| 171-17 | TV CTR/Instruction Matter | NONE | | |
| 171-25 | Auditorium | NONE | | |
| 171-36 | Radar Simulator Facility | NONE | | |
| 171-40 | Drill Hall | NONE | | |
| 171-45 | Mock-up and Training Aid Preparation Center | NONE | | |
| 171-50 | Small Arms Range - Indoor | NONE | | |
| 171-60 | Recruit Processing Building | NONE | | |
| 171-77 | Training Material Storage | NONE | | |

8. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

9. Facilities (drill space ) Other Than Buildings (CCN 179)

a. Using the table, give the number of training facilities other than buildings that are available for use or owned by your Reserve Command/Center. For each type of training facility, give the number that are in adequate, substandard, and inadequate condition. For the **Training Courses** and **Parade and Drill Fields** provide **number of facilities/acres.**

| CCN | Training Facilities | Number of Facilities | | |
|---|---|---|---|---|
| | | Adequate | Substandard | Inadequate |
| 179-35 | Weapons Range Operations Tower | N/A | | |
| 179-40 | Small Arms Range - Outdoor | N/A | | |
| 179-45 | Training Mock-Ups | N/A | | |
| 179-50 | Training Course | N/A | / | / |
| 179-55 | Combat Training Pool/Tank | N/A | | |
| 179-60 | Parade and Drill Field | N/A | / | / |
| 179-71 | Electronic Warfare Training Range | N/A | | |
| 179-72 | Underwater Tracking/Training Range | N/A | | |

10. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

11. Airfields and Airspace

a. Airspace. List any airspace utilized by units at your Reserve Command/Center.

| Airspace Name | Dimensions | Scheduling Agency | Controlling Agency |
|---|---|---|---|
| NONE | | | |

b. Airfields. List any airfield used by units at your Reserve Command/Center.

| Airfield | Location | Ownership (Service/non-DoD) |
|---|---|---|
| NONE | | |

12. Equipment Utilized

a. List any major or unique equipment, which in your opinion, would be cost prohibitive to replicate or move to a new site should you be required to close or relocate. Indicate if it is feasible to relocate the equipment, gross tonnage, cube and the estimated downtime for training if relocated.

| Equipment | Relocatable (Y/N) | Gross tons | Cube ($ft^3$) | Estimated Down Time |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

13. Complete the following table for all areas controlled by your Reserve Command/Center or available by mutual agreement, that could be used for Authorized/Directed Drill Utilization which are considered unusable (i.e., overgrown, impassable, etc.).

| Potential Area | Unusable Acres | Reason Unusable |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

14. List possible utilization areas controlled by your Reserve Command/Center or available by mutual agreement, where availability or use is limited by concurrent use of another training area or facility (i.e., proximity of live fire range, an LZ within a larger training area, etc.).

| Training Area | Limitation(s) on Use or Availability |
|---|---|
| | NONE |
| | |
| | |
| | |
| | |

a. For **each** training area with environmental restriction, describe the restriction and the impact on your Authorized/Directed Drill Utilization, and any mitigation required.

| |
|---|
| **TRAINING AREA: NONE** |
| **RESTRICTION:** |
| **IMPACT ON TRAINING:** |
| **MITIGATION REQUIRED:** |

**BERTHING CAPACITY**

15. For each **Pier/Wharf** at your facility list the following **structural characteristics.** Indicate the additional controls required if the pier is inside a Controlled Industrial Area or High Security Area. Provide the average number of days per year over the last eight years that the pier was out of service (OOS) because of maintenance, including dredging of the associated slip:

Table 11.1

| Pier/ Wharf & Age[1] | CCN[2] | Moor Length (ft) | Design Dredge Depth[3] (ft) (MLLW) | Slip Width[4] (ft) | Pier Width (ft)[5] | CIA/Security Area? (Y/N)[6] | ESQD Limit[7] | # Days OOS for maint. |
|---|---|---|---|---|---|---|---|---|
| | | N/A | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

[1]Original age and footnote a list of MILCON improvements in the past 10 years.
[2]Use NAVFAC P-80 for category code number.
[3]Comment if unable to maintain design dredge depth
[4]Water distance between adjacent finger piers.
[5]Indicate if RO/RO and/or Aircraft access. Indicate if pier structures limit open pier space.
[6]Describe the additional controls for the pier.
[7]Net explosive weight. List all ESQD waivers that are in effect with expiration date.

16. For each **Pier/Wharf** at your facility list the following **ship support characteristics**:

Table 12.1

| Pier/ Wharf | OPNAV 3000.8 (Y/N) | Shore Pwr (KVA) & 4160V (KVA) | Comp. Air Press. & Capacity[1] | Potable Water (GPD) | CHT (GPD) | Oily Waste[1] (gpd) | Steam (lbm/hr & PSI)[2] | Fendering limits[3] |
|---|---|---|---|---|---|---|---|---|
| | | | N/A | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

[1]List only permanently installed facilities.
[2]Indicate if the steam is certified steam.
[3]Describe any permanent fendering arrangement limits on ship berthing.
WE HAVE NO PIER OR WHARF/NO WATER FRONT

**17.**For each **pier/wharf** listed above state today's normal **loading**, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 13.1

| Pier/ Wharf | Typical Steady State Loading[1] | Ship Berthing Capacity | Ordnance Handling Pier Capacity[2] | IMA Maintenance Pier Capacity[3] |
|---|---|---|---|---|
| | | N/A | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[1]Typical pier loading by ship class with current facility ship loading.

[2]List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.

[3]List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown, or access limitations.

WE HAVE NO PIER OR WHARF/NO WATER FRONT

18. For each **pier/wharf** listed above, based on Presidential Budget 1995 budgeted **infrastructure improvements in the Presidential Budget 1995 through FY 1997 and the BRAC-91 and BRAC-93 realingnments**, state the expected normal **loading**, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 14.1

| Pier/ Wharf | Typical Steady State Loading[1] | Ship Berthing Capacity | Ordnance Handling Pier Capacity[2] | IMA Maintenance Pier Capacity[3] |
|---|---|---|---|---|
| | | N/A | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[1]Typical pier loading by ship class with current facility ship loading.

[2]List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.

[3]List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown, or access limitations.

WE HAVE NO PIER OR WHARF/NO WATER FRONT

**19.a.** How much pier space is required to **berth and support ancillary craft** (tugs, barges, floating cranes, etc.) currently at your facility? Indicate if certain piers are uniquely suited to support these craft.

N/A NO PIER/NO WATER FRONT

**19.b.** What is the average pier loading in ships per day due to **visiting ships** at your base. Indicate if it varies significantly by season.

N/A NO WATER FRONT

**19.c.** Given **no funding or manning limits**, what modifications or improvements would you make to the waterfront infrastructure to increase the cold iron ship berthing capacity of your installation? Provide a description, cost estimates, and additional capacity gained.

N/A NO WATER FRONT

**19.d.** Describe any **unique limits or enhancements** on the berthing of ships at specific piers at your base.

N/A NO WATER FRONT

## 20. WEAPONS AND MUNITIONS

Please answer the following questions if your activity performs any stowage or maintenance on any of the following ordnance commodities types:

NO ORDNANCE IS STORED OR HANDLED AT THE NAVAL & MARINE CORPS RESERVE CENTER ENCINO, CA.

| ORDNANCE COMMODITY TYPES | | |
|---|---|---|
| Mines | Expendables | LOE: Rockets |
| Torpedoes | INERT | LOE: Bombs |
| Air Launched | CADS/PADS | LOE: Gun Ammo (20mm-16") |
| Threat | Strategic Nuclear | LOE: Small Arms (up to 50 cal.) |
| Surface Launched | Tactical Nuclear | LOE: Pyro/Demo |
| Threat | | Grenades/Mortars/Projectile |

### 1. Ordnance Stowage and Support

**1.1** Provide present and predicted inventories (coordinate with inventory control manager) and maximum rated capability of all stowage facilities at each weapons storage location controlled by this activity. In predicting the out year facility utilization, distribute overall ordnance compliment to the most likely configuration. The maximum rated capability is also an out year projection taking into account any known or programmed upgrades that may increase current stowage capacity. When listing stowage facilities, group by location (e.g. main base, outlying field, special area).

Table 1.1: **Total Facility Ordnance Stowage Summary**

| Facility Number | PRESENT INVENTORY | | PREDICTED INVENTORY FY 2001 | | MAXIMUM RATED CAPABILITY | |
|---|---|---|---|---|---|---|
| | TONS | SQ FT | TONS | SQ FT | TONS | SQ FT |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

**20.WEAPONS AND MUNITIONS, continued**

**1.2**For each Stowage facility identified in question 1.1 above, identify the type of facility (specify if "igloo", "box", etc.). Identify the type of ordnance commodity (from the list above) which are currently stowed in that facility and all other ordnance types which, given existing restrictions, could be physically accommodated in that stowage facility. Specify below if such additional accommodation would require a modification of the facility (e.g. enhanced environmental controls, ESQD waiver).

●Identify the reason(s) for which this ordnance is stored at your facility from the following list: own activity use (training); own activity use (operational stock); Receipt/Segregation/ Stowage/Issue (RSSI); transhipment/awaiting issue; deep stow (war reserve); deep stow (awaiting Demil); other. Explain each "other" entry in the space provided, including ordnance stowed which is not a DON asset.

Table 1.2: **Total Facility Ordnance Stowage Summary**

| Facility Number/Type | Currently Stowed Commodity Type(s) | Reason for Stowage at your Activity | Commodity Type(s) Which Can Be Stowed |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Additional comments: NO ORDNANCE IS STORED OR HANDLED AT THE NAVAL & MARINE CORPS RESERVE CENTER ENCINO,CA

**20. WEAPONS AND MUNITIONS, continued**

**1.3** Identify the rated category, rated NEW and status of ESQD arc for each stowage facility listed above.

Table 1.3: **Facility Rated Status**

| Facility Number / Type | Hazard Rating (1.1-1.4) | Rated NEW | ESQD Arc | | |
|---|---|---|---|---|---|
| | | | Established (Y / N) | Waiver (Y / N) | Waiver Expiration Date |
| N/A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

NO ORDNANCE IS STORED OR HANDLED AT THE NAVAL & MARINE CORPS RESERVE CENTER ENCINO,CA

## 20. WEAPONS AND MUNITIONS, continued

**1.4** Identify any restrictions which prevent maximum utilization of your facilities. If restrictions are based on facility conditions, specify reason, the cost to correct the deficiency, and identify any programmed projects that will correct the deficiency and/or increase your capability. NONE

**1.5** Identify if your activity performs any of the following functions on any of the ordnance commodities previously listed. Technical support includes planning, financial, administrative, process engineering and SOP support. Within each related function identify each ordnance commodity type for which you provide these services and the total Direct Labor Man Hours (DLMHs) expended (FY 1994); identify only those DLMHs expended by personnel under your command.

Table 1.5: **Related Ordnance Support**

| Related Functions | Performed? (Y / N) | Type of Commodity | DLMHs |
|---|---|---|---|
| Maintenance (specify level) | N/A | | |
| Testing | | | |
| Manufacturing | | | |
| Outload | | | |
| Technical Support | | | |

NO ORDNANCE IS STORED OR HANDLED AT THE NAVAL & MARINE CORPS RESERVE CENTER ENCINO,CA

**Location**

1. **Proximity to Reservists.**

a. What is the importance of your location relative to the Reserve personnel supported? CONVIENIENTLY LOCATED IN THE SAN FERNANDO VALLEY, GIVING CENTRAL LOCATION TO VENTURA COUNTY, SIMI VALLEY, SAN FERNANDO VALLEY AND THE SANTA CLARITA VALLEY.

b. On the average, how long does it take your personnel, including drilling reservists to reach your facility? 30 MINUTES

2. **Proximity to Transportation Nodes.** How far are the nearest air, rail, sea and ground transportation nodes?

AIR - 05 MILES
TRAIN - 05 MILES
SEA - 45 MILES
GROUND - 01 MILE

3. **Proximity to Mobilization Sites.** What is the importance of your location given your mobilization requirements? DUE TO OUR CENTRAL LOCATION AND CLOSE PROXIMITY TO CBC PORT HUENEME, NAWC POINT MUGU AND LONG BEACH NAVAL STATION, IT IS MOST CONVIENIENT FOR THE RESERVISTS.

**Weather**

A. In Fiscal Year 1993, what percentage of drills were cancelled because reservists were unable to travel to the Reserve Command/Center due to weather conditions?

NONE

B. In Fiscal year 1993, what percentage of scheduled drills were cancelled because of weather? NONE

**Features and Capabilities**

C. Unique Features

1. Does the geographic location and the associated natural features of this Reserve Command/Center contribute to the quality of training or detract from the quality of training at the installation? Explain. GEOGRAPHIC LOCATION CONTRIBUTES DUE TO THE CLOSE PROXIMITY OF MANY OF THE RESERVE UNIT'S GAINING COMMANDS.

2. What other factors beyond your control have affected training over the past five years? Describe the resulting impact. NONE

3. Identify any unique (one of a kind) features (function, equipment, ranges, etc.) possessed by this Reserve Command/Center that have not been previously mentioned. Please list each feature separately and provide a narrative explanation of the importance of the unique feature. NONE

**Features and Capabilities**

E. Ability for Expansion

1. Does the operational infrastructure of the Reserve Center (e.g., classrooms, administrative facilities, fuel and munitions storage, warehouse space) provide capabilities for future expansion or change in mission? If yes, explain why.
YES - THE CENTER AND IT'S SURROUNDING PROPERTY ARE LARGE ENOUGH TO ACCOMODATE AN INCREASE IN USAGE AND MISSIONS.

2. What is the availability of adjacent acreage for possible future Reserve Training Center expansion or development? THERE ARE 11.32 ACRES WHICH COULD BE USED FOR FUTURE EXPANSION.

## Features and Capabilities

3. Identify in the table below the real estate resources which have the potential to facilitate future development and for which you are the plant account holder or into which, though a tenant, your activity could reasonable expect to expand. Complete a separate table for each individual site, i.e., main base, outlying airfields, special off-site areas, off base housing, etc. Unit of measure is acres. Developed area is defined as land currently with buildings, roads, and utilities that prevent it from being further developed without demolition of existing infrastructure. Include in"Restricted" areas that are restricted for future development due to environmental constraints (e.g. wet lands, landfills, archaeological sites), operational restrictions (e.g. ESQD arcs, HERO, HERP, HERF, AICUZ, ranges) or cultural resources. Identify the reason for the restriction when providing the acreage in the table below. Specify any other entry in "Other" (e.g. submerged lands).

**Site Location:** **NAVAL & MARINE CORPS RESERVE CENTER, ENCINO CA**

| Land Use | Total Acres | Developed | Available for Development | |
|---|---|---|---|---|
| | | | Restricted | Unrestricted |
| Operational | | | | |
| Training | 9.22 | 9.22 | | |
| Maintenance | N/A | | | |
| Research & Development | N/A | | | |
| Supply and Storage | N/A | | | |
| Admin | N/A | | | |
| Housing | N/A | | | |
| Recreational | N/A | | | |
| Navy Forestry Program | N/A | | | |
| Navy Agricultural Outlease Program | 6.1 | 0 | | 6.1 |
| Hunting/fishing Programs | N/A | | | |
| Other | | | | |
| TOTAL | 15.32 | | | |

Features and Capabilities

E. Ability for Expansion (cont.)

4. Identify the features of this Reserve Center that make it a strong candidate for supporting other types of training and units in the future.

THIS IS A 67,480 SF FACILITY WHICH HAS 11.32 ACRES THAT COULD BE USED FOR EXPANSION. BECAUSE OF THE SQUARE FOOTAGE OF THE BUILDING, THE CENTER HAS THE CAPABILITY FOR SUPPORTING OTHER TYPES OF TRAINING AND UNITS WITH LITTLE PREPARATION.

**Features and Capabilities**

F. Quality of Life

1. Military Housing

(a) Family Housing:

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

(2) 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+ | 23 | 23 | NONE | NONE |
| Officer | 3 | 54 | 54 | NONE | NONE |
| Officer | 1 or 2 | N/A | N/A | N/A | N/A |
| Enlisted | 4+ | 57 | 57 | NONE | NONE |
| Enlisted | 3 | 252 | 252 | NONE | NONE |
| Enlisted | 1 or 2 | 414 | 414 | NONE | NONE |
| Mobile Homes | | 17 | 17 | NONE | NONE |
| Mobile Home lots | | 17 | 17 | NONE | NONE |

(3) 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? MOBILE HOMES OWNED BY BY MEMBER.

**Features and Capabilities**

F. Quality of Life (cont.)

(4) 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 | N/A | N/A |
| | 2 | N/A | N/A |
| | 3 | N/A | N/A |
| | 4+ | 0 | 6 TO 12 MOS |
| O-4/5 | 1 | N/A | N/A |
| | 2 | N/A | N/A |
| | 3 | 3 | 6 TO 12 MOS |
| | 4+ | 2 | 6 TO 12 MOS |
| O-1/2/3/CWO | 1 | N/A | N/A |
| | 2 | N/A | N/A |
| | 3 | 12 | 6 TO 12 MOS |
| | 4+ | 2 | 6 TO 12 MOS |
| E7-E9 | 1 | N/A | N/A |
| | 2 | N/A | N/A |
| | 3 | 46 | 10 TO 12 MOS |
| | 4+ | 17 | 16 TO 18 MOS |
| E1-E6 | 1 | N/A | N/A |
| | 2 | 168 | 4 TO 6 MOS |
| | 3 | 59 | 10 TO 12 MOS |
| | 4+ | 35 | 16 TO MOS |

[1]As of 31 March 1994.

**Features and Capabilities**

F. Quality of Life (cont.)

(5) 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. N/A

| | Top Five Factors Driving the Demand for Base Housing |
|---|---|
| 1 | HIGH COST OF LIVING |
| 2 | LACK OF SUITABLE RENTALS |
| 3 | LOW VHA RATES |
| 4 | SECURITY OF BASE HOUSING |
| 5 | HIGH COST OF UTILITIES |

(6) 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)? 100%

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | 97.34% |
| Substandard | NONE |
| Inadequate | NONE |

(8) 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? NO

**Features and Capabilities**

F. Quality of Life (cont.)

(b) BEQ:

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | 4 |
| Substandard | |
| Inadequate | |

(2) 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? NO

(3) Calculate the Average on Board (AOB) for geographic bachelors as follows: 2.9

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

(4) 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.) | 5 | 100% | |
| Spouse Employment (non-military) | | | |
| Other | | | |
| **TOTAL** | | 100 | |

(5) How many geographic bachelors do not live on base? 1

**Features and Capabilities**

F. Quality of Life (cont.)

(c) BOQ: THERE ARE NO OFFICERS WHO LIVE IN THE BOQ

(1) Provide the utilization rate for BOQs for FY 1993. N/A

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | |
| Substandard | |
| Inadequate | |

(2) 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? N/A

(3) Calculate the Average on Board (AOB) for geographic bachelors as follows: N/A

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

(4) 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.) | N/A | | |
| Spouse Employment (non-military) | | | |
| Other | | | |
| **TOTAL** | | 100 | |

(5) How many geographic bachelors do not live on base? WE HAVE NO OFFICERS WHO ARE GEOGRAPHICAL BACHELORS.

**Features and Capabilities**

F. Quality of Life (cont.)

2. For on-base MWR facilities[2] 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 LONG BEACH NAVAL STATION** **DISTANCE 47 MILES**

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Auto Hobby | Indoor Bays | 4 | Y |
| | Outdoor Bays | N/A | N/A |
| Arts/Crafts | SF | 100 | Y |
| Wood Hobby | SF | 100 | Y |
| Bowling | Lanes | 20 | Y |
| Enlisted Club | SF | 7000 | Y |
| Officer's Club | SF | 4000 | Y |
| Library | SF | 2500 | N |
| Library | Books | 10,000 | N/A |
| Theater | Seats | 200 | Y |
| ITT | SF | N/A | N/A |
| Museum/Memorial | SF | N/A | N/A |
| Pool (indoor) | Lanes | N/A | N/A |
| Pool (outdoor) | Lanes | 8 | N |
| Beach | LF | N/A | N/A |
| Swimming Ponds | Each | N/A | N/A |
| Tennis CT | Each | 8 | N/A |

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

**Features and Capabilities**
F.. Quality of Life (cont.)

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Volleyball CT (outdoor) | Each | 1 | Y |
| Basketball CT (outdoor) | Each | 4 | Y |
| Racquetball CT | Each | N/A | |
| Golf Course | Holes | 18 | Y |
| Driving Range | Tee Boxes | N/A | Y |
| Gymnasium | SF | 8,000 | Y |
| Fitness Center | SF | 2,000 | Y |
| Marina | Berths | 20 | Y |
| Stables | Stalls | N/A | N/A |
| Softball Fld | Each | 2 | Y |
| Football Fld | Each | 1 | Y |
| Soccer Fld | Each | N/A | N/A |
| Youth Center | SF | N/A | N/A |
| | | | |

3. Is your library part of a regional interlibrary loan program? NO

## Features and Capabilities

F. Quality of Life (cont.)

2. For on-base MWR facilities 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.

CBC BASE

LOCATION PORT HUENEME DISTANCE 58 MILES

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Auto Hobby | Indoor Bays | 5 | Y |
| | Outdoor Bays | 12 | Y |
| Arts/Crafts | SF | 2,000 | N |
| Wood Hobby | SF | N/A | N/A |
| Bowling | Lanes | 11 | Y |
| Enlisted Club | SF | 8,000 | Y |
| Officer's Club | SF | 3,000 | Y |
| Library | SF | 1,000 | Y |
| Library | Books | 6,000 | Y |
| Theater | Seats | 1,200 | Y |
| ITT | SF | 500 | Y |
| Museum/Memorial | SF | 13,000 | Y |
| Pool (indoor) | Lanes | N/A | N/A |
| Pool (outdoor) | Lanes | 8 | Y |
| Beach | LF | N/A | N/A |
| Swimming Ponds | Each | N/A | N/A |
| Tennis CT | Each | 4 | Y |

## Features and Capabilities

F.. Quality of Life (cont.)

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Volleyball CT (outdoor) | Each | N/A | N/A |

| | | | |
|---|---|---|---|
| Basketball CT (outdoor) | Each | 3 | Y |
| Racquetball CT | Each | 1 | Y |
| Golf Course | Holes | 18 | Y |
| Driving Range | Tee Boxes | 0 | N/A |
| Gymnasium | SF | 10,000 | Y |
| Fitness Center | SF | 2,000 | Y |
| Marina | Berths | N/A | N/A |
| Stables | Stalls | N/A | N/A |
| Softball Fld | Each | 4 | Y |
| Football Fld | Each | 1 | Y |
| Soccer Fld | Each | 1 | Y |
| Youth Center | SF | 4,000 | Y |
| | | | |

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

DO NOT HAVE A LIBRARY

**Features and Capabilities**

F. Quality of Life (cont.)

4. Base Family Support Facilities and Programs N/A

a. 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 | | | | | | |

b. 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?

c. 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. N/A

d. How many "certified home care providers" are registered at your base?
NONE

e. Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs). NO. THERE IS NO CHILD CARE FACILITY AT N&MCRC ENCINO

**Features and Capabilities**

F.. Quality of Life (cont.)

f. Complete the following table for services available on your base. If you have any services not listed, include them at the bottom. N/A. N&MCRC ENCINO HAS NONE OF THESE SERVICES

| 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 | |
| | | |

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

| City | Distance (Miles) |
|---|---|
| LOS ANGELES | 25 |
| SIMI VALLEY | 15 |
| VENTURA | 50 |

6. Standard Rate VHA Data for Cost of Living:

| Paygrade | With Dependents | Without Dependents |
|---|---|---|
| E1 | 325.94 | 182.36 |
| E2 | 313.18 | 196.95 |
| E3 | 306.43 | 225.79 |
| E4 | 328.15 | 229.02 |
| E5 | 358.55 | 250.34 |
| E6 | 418.55 | 284.92 |
| E7 | 455.46 | 316.39 |
| E8 | 515.05 | 389.37 |
| E9 | 510.90 | 387.83 |
| W1 | 529.56 | 402.18 |
| W2 | 541.06 | 424.37 |
| W3 | 535.54 | 435.34 |
| W4 | 627.08 | 555.99 |
| O1E | 499.92 | 370.82 |
| O2E | 507.19 | 404.38 |
| O3E | 546.02 | 461.93 |
| O1 | 455.84 | 335.90 |
| O2 | 491.21 | 383.94 |
| O3 | 506.09 | 426.10 |
| O4 | 595.06 | 517.47 |
| O5 | 612.43 | 506.48 |
| O6 | 567.37 | 469.62 |
| O7 | 574.79 | 467.01 |

**Features and Capabilities**

F.. Quality of Life (cont.)

7. Off-base housing rental and purchase

(a) 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 | 575.00 | 550.00 | 55 |
| Apartment (1-2 Bedroom) | 700.00 | 600.00 | 80 |
| Apartment (3+ Bedroom) | 1000.00 | 900.00 | 100 |
| Single Family Home (3 Bedroom) | 2000.00 | 1400.00 | 125 |
| Single Family Home (4+ Bedroom) | 2200.00 | 1600.00 | 125 |
| Town House (2 Bedroom) | 1900.00 | 1500.00 | 90 |
| Town House (3+ Bedroom) | 2100.00 | 2000.00 | 100 |
| Condominium (2 Bedroom) | 1900.00 | 1500.00 | 90 |
| Condominium (3+ Bedroom) | 2100.00 | 2000.00 | 100 |

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

| Type Rental | Percent Occupancy Rate |
|---|---|
| Efficiency | 95 |
| Apartment (1-2 Bedroom) | 99 |
| Apartment (3+ Bedroom) | 97 |
| Single Family Home (3 Bedroom) | 95 |
| Single Family Home (4+ Bedroom) | 90 |
| Town House (2 Bedroom) | 90 |
| Town House (3+ Bedroom) | 90 |
| Condominium (2 Bedroom) | 90 |
| Condominium (3+ Bedroom) | 90 |

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

| Type of Home | Median Cost |
|---|---|
| Single Family Home (3 Bedroom) | 150,000 |
| Single Family Home (4+ Bedroom) | 250,000 |
| Town House (2 Bedroom) | 150,000 |
| Town House (3+ Bedroom) | 200,000 |
| Condominium (2 Bedroom) | 150,000 |
| Condominium (3+ Bedroom) | 200,000 |

(d) 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 | 0 | 0 | 0 |
| February | 0 | 0 | 0 |
| March | 0 | 0 | 0 |
| April | 0 | 0 | 0 |
| May | 0 | 0 | 0 |
| June | 0 | 0 | 0 |
| July | 0 | 0 | 0 |
| August | 0 | 0 | 0 |
| September | 0 | 0 | 0 |
| October | 0 | 0 | 0 |
| November | 0 | 0 | 0 |
| December | 0 | 0 | 0 |

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

SUPPLY AND DEMAND

Features and Capabilities

F. Quality of Life (cont.)

8. 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 |
|---|---|---|
| OS | 0 | 1 |
| GMG | 0 | 1 |
| HT | 0 | 1 |
| | | |
| | | |

9. 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) |
|---|---|---|---|
| PT HUENEME | 16 | 50 | 60 |
| LOS ANGELES | 25 | 20 | 30 |
| LANCASTER | 16 | 65 | 80 |
| SAN FERNANDO VALLEY | 33 | 10 | 20 |
| SYLMAR | 16 | 25 | 30 |

Features and Capabilities

F. Quality of Life (cont.)

10. 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:

(a) 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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

THIS IS AN EXTREMELY LARGE METROPOLITAN AREA WHICH HAVE INNUMERABLE NUMBERS OF INSTITUTIONS OFFERING EVERY POSSIBLE PROGRAM IMMAGINABLE. 1993 AVG SAT/ACT SCORES RANGE FROM THE WORST IN THE NATION TO THE BEST, ALL WITHIN 50 MILES OF THE CENTER

UIC 68174

Features and Capabilities

F. Quality of Life (cont.)

10. 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.

(a) 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 |
|---|---|---|---|---|---|---|---|
| Andasol Avenue | Public | Primary | Yes | Free | N/A | N/A | phone con |
| Chandler | Public | Primary | Yes | Free | N/A | N/A | phone con |
| Granada Hills | Public | Secondry | Yes | Free | 350 | 75 | phone con |
| Meadow Oaks | Priv | Primary | No | 7,625. | N/A | N/A | phone con |

THIS IS AN EXTREMELY LARGE METROPOLITAN AREA WHICH HAVE INNUMERABLE NUMBERS OF INSTITUTIONS OFFERING EVERY POSSIBLE PROGRAM IMMAGINABLE. 1993 AVG SAT/ACT SCORES RANGE FROM THE WORST IN THE NATION TO THE BEST, ALL WITHIN 50 MILES OF THE CENTER

UIC 68174

Features and Capabilities

F. Quality of Life (cont.)

(b) 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 | |
| Miller Schools | Day | NO | YES | YES | NO | YES |
| | Night | NO | YES | YES | NO | YES |
| L.A. ORT TECH INSTITUTE | Day | YES | YES | YES | NO | YES |
| | Night | YES | YES | YES | NO | YES |
| SINGER COLLEGE | Day | NO | YES | YES | YES | YES |
| | Night | NO | NO | NO | NO | NO |
| AMERITECH COLLEGE | Day | NO | YES | YES | NO | YES |
| | Night | NO | NO | NO | NO | NO |

ALL PROGRAMS ARE OFFERED AT MANY INSTITUTIONS IN THE VICINITY.



(4)

Features and Capabilities

F. Quality of Life (cont.)

(c) 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 | | | | | |

NO INSTITUTIONS OFFER COURSES ON BASE AT ENCINO

Features and Capabilities

F. Quality of Life (cont.)

11. 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 | 0 | 0 | 11.5% |
| Manufacturing | 0 | 0 | 0 | 9.7% |
| Clerical | 0 | 0 | 0 | 9.7% |
| Service | 0 | 0 | 0 | 9.4% |
| Other | 0 | 0 | 0 | 9.9% |

12. 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.

NO

13. 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.

NO

## Features and Capabilities
### F. Quality of Life (cont.)

14. 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) | 0 | 1 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | 1 | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 2. Blackmarket (6C) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 3. Counterfeiting (6G) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 4. Postal (6L) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

## Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 5. Customs (6M) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 6. Burglary (6N) | 36 | 22 | 27 |
| Base Personnel - military | 14 | 9 | 6 |
| Base Personnel - civilian | 22 | 13 | 21 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 7. Larceny - Ordnance (6R) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | 1 | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 8. Larceny - Government (6S) | 230 | 208 | 136 |
| Base Personnel - military | | | |
| Base Personnel - civilian | 230 | 208 | 136 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

## Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 9. Larceny - Personal (6T) | 77 | 68 | 41 |
| Base Personnel - military | | 5 | |
| Base Personnel - civilian | 77 | 63 | 41 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 10. Wrongful Destruction (6U) | 91 | 87 | 51 |
| Base Personnel - military | | | |
| Base Personnel - civilian | 91 | 87 | 51 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 11. Larceny - Vehicle (6V) | 13 | 9 | 5 |
| Base Personnel - military | 1 | 3 | |
| Base Personnel - civilian | 12 | 6 | 5 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 12. Bomb Threat (7B) | 6 | 2 | 5 |
| Base Personnel - military | | | |
| Base Personnel - civilian | 6 | 2 | 5 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 13. Extortion (7E) | 0 | 1 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | 1 | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 14. Assault (7G) | 13 | 14 | 11 |
| Base Personnel - military | | | |
| Base Personnel - civilian | 13 | 14 | 11 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 15. Death (7H) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 16. Kidnapping (7K) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 18. Narcotics (7N) | 8 | 4 | 6 |
| Base Personnel - military | | | |
| Base Personnel - civilian | 8 | 4 | 6 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 19. Perjury (7P) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 20. Robbery (7R) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 21. Traffic Accident (7T) | 59 | 72 | 53 |
| Base Personnel - military | | | |
| Base Personnel - civilian | 59 | 72 | 53 |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

## Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 22. Sex Abuse - Child (8B) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 23. Indecent Assault (8D) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 24. Rape (8F) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 25. Sodomy (8G) | 0 | 0 | 0 |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

* This data provided by Long Beach Naval Station. On base statistics are for Naval Station Long Beach. N&MCRC Encino has had no on base crime in FY 91-93.

BRAC-95 CERTIFICATION

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

R.E. SNIDER
NAME (Please type or print)

R. E. Snider
Signature

FACILITIES MANAGER
Title

6/17/94
Date

FACILITIES
Division

NAVY
Department

N&MCRC ENCINO CA
Activity



UIC: 68174

Data Call 49 Activity: NMCRC Encino, CA

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 | Signature |
| ACTING | 14 JUL 1994 |
| 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. A. GOFF, CAPT, USNR
NAME (Please type or print)

Signature

COMMANDER
Title

JUN 21 1994
Date

NAVRESREDCOM REG NINETEEN (68350)
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)

J. W. FITZGERALD CAPT USNR
NAME (Please type or print)

Signature

Commander - Acting
Title

29 JUN 1994
Date

COMNAVSURFRESFOR
Activity

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

**MAJOR CLAIMANT LEVEL**

T. F. HALL RADM USNR
NAME (Please type or print)

Signature

Commander
Title

7/5/94
Date

COMNAVRESFOR
Activity

## 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**

R. E. RAUTENBERG
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

6/17/94
Date

N & MCRC ENCINO, CA
Activity



UIC: 68174

733

# DATA CALL 66
# INSTALLALATION RESOURSES

**Activity Information:**

| | |
|---|---|
| Activity Name: | 2ND BN, 23RD MARINES ENCINO CA |
| UIC: | 67644 |
| Host Activity Name (if response is for a tenant activity): | US NAVY<br>NMCRC ENCINO, CA |
| Host Activity UIC: | N68174 |

General Instructions/Background. A separte response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separtely 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 bugdet data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separtely 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). 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 budget 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 activity 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:** 2ND BN, 23RD MARINES ENCINO CA | | **UIC:** 67644 | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | $0.00 | 0.00 | $0.00 |
| 1b. Minor Construction | 0.00 | 0.00 | 0.00 |
| **1c. Sub-total 1a. and 1b.** | **$0.00** | 0.00 | **$0.00** |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | $47,085.90 | 0.00 | $47,085.9 |
| 2b. Transportation | $9,760.00 | 0.00 | $9,760.0 |
| 2c. Environmental | $0.00 | 0.00 | $0.0 |
| 2d. Facility Leases | $0.00 | 0.00 | $0.0 |
| 2e. Morale, Welfare & Recreation | $0.00 | 0.00 | $0.0 |
| 2f. Bachelor Quarters | $29,280.00 | 0.00 | $29,280.0 |
| 2g. Child Care Centers | $0.00 | 0.00 | $0.00 |
| 2h. Family Service Centers | $0.00 | 0.00 | $0.00 |
| 2i. Administration | $17,324.00 | 0.00 | $17,324.0 |
| 2j. Other (Specify) | $15,494.00 | 0.00 | $15,494.0 |
| **2k. Sub-total 2a. through 2j :** | **$118,943.90** | 0.00 | **$118,943.9** |
| **3. Grand Total (sum of 1c. and 2k.) :** | **$118,943.90** | 0.00 | **$118,943.90** |

**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:

| Appropriation | Amount ($000) |
|---|---|
| N/A | |

**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.

Enclosure (5)

# DATA CALL 66
# INSTALLATION RESOURCES

| Table 1B - Base Operating Support Costs (DBOF Overhead) | | | |
|---|---|---|---|
| **Activity Name:** 2/23 MARINES ENCINO CA | | **UIC:** 67644 | |
| **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 |
| 1e. 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 |
| 2m. Sub-total 2a. through 2l: | | | N/A |
| **3. Depreciation** | | | N/A |
| **4. Grand Total (sum of 1c., 2m., and 3.):** | | | N/A |

## 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 estimat 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. **See note.

| **Table 3 - Contract Workyears** | |
|---|---|
| **Activity Name:** 2ND BN, 23RD MARINES ENCINO CA | **UIC:** 67644 |
| **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.

** Contract workyears are insignificant and not recoverable.

## 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.?** See Note.

N/A

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

Note: **Contract workyears are insignificant and not recoverable.

## 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**):

**See Note

| 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 Eliminated | General Type of Work Performed on Contract (e.g., (engineering support, technical services, etc.) |
|---|---|
| *N/A | |

Note: **Contract workyears are insignificant and not recoverable.

Enclosure (5)

BRAC-95 CERTIFICATION
DATA CALL: 66
INSTALLATION RESOURCES

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. The attached 191 formats represent the MARRESFOR site submissions for BRAC 66.

LtCol Steven J. Gaffney
NAME

SIGNATURE

Assistant Chief of Staff, Comptroller
TITLE

20 Sept '94
DATE

Comptroller
DEPARTMENT

MARRESFOR
ACTIVITY

Enclosure (2)

BRAC-95 CERTIFICATION
DATA CALL: 66
INSTALLATION RESOURCES

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. The attached 191 formats represent the MARRESFOR site submissions for BRAC 66.

J. E. LIVINGSTON
NAME

SIGNATURE

COMMANDING GENERAL
TITLE

26 Sept 94
DATE

COMMAND
DEPARTMENT

MARRESFOR
ACTIVITY

Enclosure (1)

Data Call 66
MARRESFOR

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 of print

Signature

Title

Date

Activity

In certify that the information 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 belief.

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

J.A. BRABHAM
LIEUTENANT G[illegible] MARINE CORPS
DEPUTY CHI[illegible]
INSTALLATIONS AND [illegible]S

NAME (Please type of print

Signature

Title

10/25/94

Date

# Document Separator

733

**DATA CALL 63**
**FAMILY HOUSING DATA**

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

| | |
|---|---|
| **Installation Name:** | NMCRC ENCINO CA |
| **Unit Identification Code (UIC):** | N68174 |
| **Major Claimant:** | COMNAVRESFOR |

| | |
|---|---|
| **Percentage of Military Families Living On-Base:** | 36 36.4% CW |
| **Number of Vacant Officer Housing Units:** | 0 |
| **Number of Vacant Enlisted Housing Units:** | 0 |
| **FY 1996 Family Housing Budget ($000):** | 15.9 |
| **Total Number of Officer Housing Units:** | ~~1~~ 0 CW |
| **Total Number of Enlisted Housing Units:** | ~~29~~ 3 CW |

Line 4, Percentage of Military Families Living on Base, is taken from DD Form 1377.
Lines 7-9, represents the activitys' "fair share" of the complex total of the family housing budget and inventory of officer and enlisted units. This data was provided by COMNAVFACENGCOM.
This UIC contains 12 personnel entitled to BAQ W/Dependents out of a complex total of 6186 personnel entitled to BAQ W/Dependents.

There are 166 activities identified within this complex.

**Note:** All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

Enclosure (1)

CW 7/13
Chris Ward
July 13, 1994
NAVFAC 52 CW

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

MAJOR CLAIMANT LEVEL

**J. E. BUFFINGTON, RADM, CEC, USN**
NAME (Please type or print)

Signature

**COMMANDER**
Title

7/20/94
Date

**NAVAL FACILITIES ENGINEERING COMMAND**
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)

W. A. EARNER
NAME (Please type or print)

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 of 8 Dec 93

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. Your 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 the information contained herein is accurate and complete to the best of my knowledge and belief.

SOUTHWESTNAVFACENGCOM

THOMAS E. GUNN
Name (Please type or print)

Signature

COMMANDING OFFICER
Title

7/13/94
Date

Document Separator

733

## 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 | Naval and Marine Corps Reserve Center, Encino, CA |
| Acronym(s) used in correspondence | NMCRC Encino |
| Commonly accepted short titles | ENCINO |

* Complete Mailing Address

NAVAL & MARINE CORPS RESERVE CENTER
6337 BALBOA BLVD
ENCINO, CA 91316-1584

* PLAD

NAVMARCORESCEN ENCINO CA

* PRIMARY UIC: _68174_ (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): NONE _____ PURPOSE: _____

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:
* Yes _X_ No ___ (check one)

Activity: 68174

Data Call 1: General Installation Information, continued

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 _X_ 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.

Yes ___ No _X_ (check one)

Primary Host (current) UIC: _N/A___

Primary Host (as of 01 Oct 1995) UIC: _N/A___

Primary Host (as of 01 Oct 2001) UIC: _N/A___

* 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 |
|---|---|---|
| NONE | | |

Activity: 68174

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

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| NONE | | | | |

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.

NO, not affected by previous BRAC decisions

Activity: 68174

Data Call 1: General Installation Information, continued

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**

* Train Selected Reservists for Mobilization
* Provide Administrative Support to Reserve Units
*
*
*
*

**Projected Missions for FY 2001**

* Train Selected Reservists for Mobilization
* Provide Administrative Support to Reserve Units
*
*
*

THE EXPECTED NUMBER OF SELRES WILL INCREASE DUE TO PLANNED UNIT RELOCATIONS RESULTING FROM ANTICIPATED SURFACE ACTIVITY CLOSURES.

Activity: 68174

Data Call 1: General Installation Information, continued

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 |
| NAVRESREDCOM REG NINETEEN | 68350 |

| | |
|---|---|
| * Funding Source | UIC |
| NAVRESREDCOM REG NINETEEN | 68350 |

Activity: 68174

Data Call 1: General Installation Information, continued

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 | ~~3~~ 2 | ~~13~~ 10 | 0 |
| *Tenants (total) | 2 | 21 | 0 |
| *Selres | 85 | 283 | 0 |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| *Reporting Command | ~~2~~ 1 | ~~16~~ 7 | 0 |
| *Tenants (total) | 2 | 21 | 0 |
| *Selres | 85 | 283 | 0 |

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.

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| * CO/OIC | | | |
| CAPT R. E. Rautenberg | 818-344-5101 | 818-344-7329 | 805-287-9264 |
| * Duty Officer | | | |
| Rotating | 818-344-5101 | 818-344-7329 | [ N/A ] |

Activity: 68174

Data Call 1: General Installation Information, continued

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 |
|---|---|---|---|---|
| I&I 2nd Bn 23rd Mar | 87220 | 2 | 21 | 0 |

* Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| NONE | | | | |

* 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 |
|---|---|---|---|---|---|
| NONE | | | | | |

* Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| NONE | | | | | |

Activity: 68174

Data Calls 1: General Installation Information, continued

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.) |
|---|---|---|
| NONE | | |

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, 8 "x 11".)

* Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.) N/A

## 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

R. E. RAUTENBERG
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

1/26/94
Date

NAVAL & MARINE CORPS RESERVE CENTER ENCINO
Activity

NHC/NL ENCIND

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

15 Feb 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)

CAPT R. A. GOFF, USNR
**NAME (Please type or print)**

**Signature**

COMMANDER
**Title**

28 JAN '94
**Date**

NAVRESREDCOM REG NINETEEN
**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)

J. W. FITZGERALD
**NAME (Please type or print)**

**Signature**

Commander - Acting
**Title**

2 Feb 94
**Date**

COMNAVSURFRESFOR
**Activity**

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

**MAJOR CLAIMANT LEVEL**

T. F. HALL
**NAME (Please type or print)**

T.F. Hall
**Signature**

Commander, Naval Reserve Force
**Title**

2/10/94
**Date**

4400 Dauphine St.
New Orleans, LA 70146

**Activity**

# Document Separator

NMCRC ENCINO, CA

133

ORIGINAL

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Provide a list of the tenant activities with UICs that are covered in this response.

USMCR I+I 2ND BN 23RD MAR 87220

## 1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

**1a.** For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

| SPECIES (plant or animal) | Designation (Threatened/ Endangered) | Federal/ State | Critical / Designated Habitat (Acres) | Important Habitat (acres) |
|---|---|---|---|---|
| *example: Haliaeetus leucocephalus - bald eagle* | *threatened* | *Federal* | *25* | *0* |
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Source Citation: N/A

**1b.**

| | |
|---|---|
| Have your base operations or development plans been constrained due to:<br>- USFWS or National Marine Fisheries Service (NMFS)?<br>- State required modifications or constraints?<br>If so, identify below the impact of the constraints including any restrictions on land use. | YES/NO<br>No |
| Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints. | YES/NO<br>No |

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map.

N/A

1d.

| | |
|---|---|
| Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why. | YES/NO<br>No |

1e.

| | |
|---|---|
| Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain. | YES/NO<br>No |

## 2. WETLANDS

**Note:** Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

| | |
|---|---|
| Does your base possess federal jurisdictional wetlands? | YES/NO<br>No |
| Has a wetlands survey in accordance with established standards been conducted for your base? | YES/NO<br>No |
| When was the survey conducted or when will it be conducted?____/____/____ | |
| What percent of the base has been surveyed? | |
| What is the total acreage of jurisdictional wetlands present on your base? | |

Source Citation:_____

**2b.** If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map.

N/A

**2c.** Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland?___No_____If YES, summarize the results of such modifications or constraints.

## 3. CULTURAL RESOURCES

3a.

| | |
|---|---|
| Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below. | YES/NO<br>No |

3b. YES/NO

| | |
|---|---|
| Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below. | YES/NO<br>No |

3c.

| | |
|---|---|
| Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below. | YES/NO<br>No |

## 4. ENVIRONMENTAL FACILITIES

**Notes:** If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

| Does your base have an operating landfill? ..... YES/NO | | | | | |
|---|---|---|---|---|---|
| **ID/Location of Landfill** | **Permitted Capacity (CYD)** | | **Maximum Capacity (CYD)** | **Contents[1]** | **Permit Status** |
| | **TOTAL** | **Remaining** | | | |
| | | | | | |
| | | | | | |
| | | | | | |

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

No

**4b.** If there are any non-Navy users of the landfill, describe the user and conditions/agreements.
None

**4c.**

| Does your base have any disposal, recycling, or incineration facilities for solid waste? | | | | | ~~YES~~ / NO |
|---|---|---|---|---|---|
| **Facility/Type of Operation** | **Permitted Capacity** | **Ave Daily Throughput** | **Maximum Capacity** | **Permit Status** | **Comments** |
| | | | | | |
| | | | | | |
| | | | | | |

List any permit violations and projects to correct deficiencies or improve the facility.

**4d.**

| Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ? | | | | | YES / NO<br>No |
|---|---|---|---|---|---|
| **ID/Location of WWTP** | **Permitted Capacity** | **Ave Daily Discharge Rate** | **Maximum Capacity** | **Permit Status** | **Level of Treatment/Year Built** |
| | | | | | |
| | | | | | |
| | | | | | |

List permit violations and discuss any projects to correct deficiencies.

**4e.** If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations. None.
The average discharge rate is 750 gallons per month.
And there are no restrictions.

4f.

| Does your base operate an Industrial Waste Treatment Plant (IWTP)? | | | | | YES / NO |
|---|---|---|---|---|---|
| ID/Location of IWTP | Type of Treatment | Permitted Capacity | Ave Daily Discharge Rate | Maximum Capacity | Permit Status |
| | | | | | |
| | | | | | |
| | | | | | |

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.

No

4h.

| Does your base operate drinking Water Treatment Plants (WTP)? | | | | | YES / NO |
|---|---|---|---|---|---|
| ID/Location of WTP | Operating (GPD) | | Method of Treatment | Maximum Capacity | Permit Status |
| | Permitted Capacity | Daily Rate | | | |
| | | | | | |
| | | | | | |
| | | | | | |

List permit violations and projects/actions to correct deficiencies or improve the facility.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

City of Los Angeles, no restrictions.

4j.

| | |
|---|---|
| Does the presence of contaminants or lack of supply of water constrain base operations. Explain. | YES/NO<br>No |

4k.

| | | |
|---|---|---|
| Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions. | YES/NO<br>Yes | Permit 1821.WC |
| If NO, why not and provide explanation of plan to achieve permitted status. | | |

The conditions are: storm water sampling & analysis, wet season visual observations, annual site inspections, dry season observations and reporting & record keeping.

4l.

| | YES/NO |
|---|---|
| Does your base have bilge water discharge problem? | No |
| Do you have a bilge water treatment facility? | No |

Explain:

4m.

| | |
|---|---|
| Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain. | YES/NO<br>No |

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain. N/A

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain.

No

## 5. AIR POLLUTION

5a.

| |
|---|
| What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? South Coast Air Quality District |
| Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? NO . List site, location and name of AQCA. |

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: NMCRC ENCINO, CA AQCA: SOUTH COAST AIR QUALITY DISTRICT

| Pollutant | Attainment | Non-Attainment | Maintenance | Target Attainment Year[1] | Comments[2] |
|---|---|---|---|---|---|
| CO | | X | SERIOUS | 2000 | |
| Ozone | | X | EXTREME | 2010 | |
| PM-10 | | X | SERIOUS | 2001 | |
| $SO_2$ | X | | | | |
| $NO_2$ | | X | MODERATE | 1995 | |
| Pb | X | | | | |

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.
[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

| | Emission Sources (Tons/Year) | | | | |
|---|---|---|---|---|---|
| Pollutant | Permitted Stationary | Personal Automobiles | Aircraft Emissions | Other Mobile | Total |
| CO | N/A | 0.45 | N/A | N/A | 0.45 |
| NOx | N/A | 0.14 | N/A | N/A | 0.14 |
| VOC | N/A | 0.07 | N/A | N/A | 0.07 |
| PM10 | N/A | 0.02 | N/A | N/A | 0.02 |

Source Document: FISCAL YEAR 1992 ANNUAL EMISSION FROM GOVERNMENT OWNED VEHICLES AT NAVAL AIR WEAPONS STATION POINT MUGU

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

| | Emissions Sources (Tons/Year) | | | | |
|---|---|---|---|---|---|
| Pollutant | Permitted Stationary | Personal Automobiles | Aircraft Emissions | Other Mobile | Total |
| CO | N/A | 0.45 | N/A | N/A | 0.45 |
| NOx | N/A | 0.14 | N/A | N/A | 0.14 |
| VOC | N/A | 0.07 | N/A | N/A | 0.07 |
| PM10 | N/A | 0.02 | N/A | N/A | 0.02 |

Source Document: FISCAL YEAR 1992 ANNUAL EMISSION FOR GOVERNMENT OWNED VEHICLES AT NAVAL AIR WEAPONS STATION POINT MUGU

24 MAY 1994
NAVAL AND MARINE CORPS RESERVE CENTER, ENCINO CA.
BRAC DATE CALL

| | TOTAL MILES PER YEAR | EMISSION FACTORS b/k mi CO | NOX | VOC | PM10 | PRODUCED BY EACH CATAGORY OF VEHICLE CO | NOX | VOC | PM1 |
|---|---|---|---|---|---|---|---|---|---|
| SEDANS (35) | 2100 | 32.03 | 46.08 | 4.68 | 0.23 | 672.63 | 85.68 | 98.28 | 4.8 |
| LT TRUCKS (7) | 420 | 38.14 | 4.76 | 5.32 | 0.23 | 160.19 | 19.99 | 22.34 | .9 |
| DIESELS (33) | 396 | 19.91 | 46.28 | 6.39 | 8.85 | 78.84 | 183.27 | 25.30 | 35.0 |
| TOTAL POUNDS | | | | | | 911.66 | 288.94 | 145.92 | 40.8 |
| TOTAL TONS | | | | | | 0.45 | 0.14 | 0.07 | 0.0 |

OPTIONAL FORM 99 (7-90)
FAX TRANSMITTAL
# of pages ▶ 1
To Charmaine Skinner
Dept./Agency REDCON 19 code 07
Fax # 619 532-3031
From Mike Sinclair Eckline
Phone # (818) 344-5101
Fax # 818-344-5101
NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain. Expected to decrease per Joe Cassmassi of SCAqd. No info available at this time. 16May94

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base? Yes.

Los Padres Nat'l Forest-25mi
SESPECondor Sanctuary-25mi
Angeles Nat'l Forest-10mi
San Gabriel Wilderness Area-25mi
Cucamonga Wilderness Area-45mi
San Bernardino Nat'l Froest-40mi
San Gorgonio Wilderness Area-80mi
Cleveland Nat'l Forest-50mi

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct. None.

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs? NOne.

## 6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the two year totals for those FY's.

| Program | Survey Completed? | Costs in $K to correct deficiencies | | | | | |
|---|---|---|---|---|---|---|---|
| | | FY1994 | FY1995 | FY1996 | FY1997 | FY98-99 | FY00-01 |
| Air | | | | | | | |
| Hazardous Waste | | | | | | | |
| Safe Drinking Water Act | | 21K | - | | - | | |
| PCBs | | | | | | | |
| Other (non-PCB) Toxic Substance Control Act | | | | | | | |
| Lead Based Paint | | | | | | | |
| Radon | | | | | | | |
| Clean Water Act | | | - | | 108K | | |
| Solid Waste | | | 20K | | | | |
| Oil Pollution Act | | | | | | | |
| USTs | | | | | | | |
| Other | | | | | | | |
| Total | | 21K | 20K | | 108K | | |

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.
Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 100% Are additional surveys planned? NONE What is the estimated cost to remediate asbestos ($K) $510,400.00 Are asbestos survey costs based on encapsulation, removal or a combination of both?

OPTIONAL FORM 99 (7-90)

**FAX TRANSMITTAL** # of pages ▶ 2

| | |
|---|---|
| To CDR A. CLARK | From LCDR SALCEDO |
| Dept./Agency CNSRF 331 | Phone # 619-532-1 |
| Fax # 504-942-6677 | Fax # 619-532-39 |

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINI

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

| Funding Source | FY1992 | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY98-99 | FY00-01 |
|---|---|---|---|---|---|---|---|---|
| O&MN | | | | | | | | |
| EIA | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 |
| PA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other O&MN (specify) | 2 | 0 | 0 | 2 | 2 | 2 | 2 | 2 |
| Other (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL: | 2 | 0 | 0 | 3 | 2 | 3 | 2 | 3 |

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. NO

7. INSTALLATION RESTORATION

7a.

| | |
|---|---|
| Does your base have any sites that are contaminated with hazardous substances or petroleum products? | YES/NO |
| Is your base an NPL site or proposed NPL site? | NO |

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: *List only projects eligible for* funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

| Site # or name | Type site [1] | Groundwater Contaminated? | Extends off base? | Drinking Water Source? | Cost to Complete ($M)/Est. Compl. Date | Status[2]/Cost($M) |
|---|---|---|---|---|---|---|
| NOT APPLICIBLE | | | | | | |
| | | | | | | |
| | | | | | | |

[1] Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.



SENT BY:XEROX Telecopier 7021 ; 5-26-94 ; 8:07 ; CNSRF CODE 38 PLANS→ ADMIN DEPT:2 4

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List. None.

7d.

| | |
|---|---|
| Is there a groundwater treatment system in place? | ~~YES~~/NO |
| Is there a groundwater treatment system planned? | ~~YES~~/NO |

State scope and expected length of pump and treat operation.

7e.

| | |
|---|---|
| Has a RCRA Facilities Assessment been performed for your base? | ~~YES~~/NO |

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.

N/A

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions.

N/A

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

N/A

7i.

| | |
|---|---|
| Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below. | NO |

**7j.** Have any base operations or development plans been restricted due to Installation Restoration considerations?

NO

**7k.** List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions.

NONE

## 8. LAND / AIR / WATER USE

**8a.** List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

| Parcel Descriptor | Acres | Location |
|---|---|---|
| NMCRC | 9.2 | SEPULVEDA BASIN |
| OUTLYING FIELD | 6.1 | " " |
| | | |
| | | |
| | | |
| | | |
| | | |

**8b.** Provide the acreage of the land use categories listed in the table below:

| LAND USE CATEGORY | | ACRES |
|---|---|---|
| Total Developed: (administration, operational, housing, recreational, training, etc.) | | 9.2 |
| Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.) | | Wetlands: None |
| | | All Others: None |
| Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL | | None |
| Total Undeveloped land considered to be without development constraints | | None |
| Total Off-base lands held for easements/lease for specific purposes | | 6.1 |
| Breakout of undeveloped, restricted areas. Some restricted areas may overlap: | ESQD | None |
| | HERF | None |
| | HERP | None |
| | HERO | None |
| | AICUZ | None |
| | Airfield Safety Criteria | None |
| | Other | None |

**8c.** How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 2.5 acres

**8d.** What is the date of your last AICUZ update? ____/____/____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below. N/A

**8e.** List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

| Acreage/Location/ID | Zones 2 or 3 | Land Use | Compatible/ Incompatible |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | None |

**8f.** List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

| Navigational Channels/ Berthing Areas | Location / Description | Maintenance Dredging Requirement | | | |
|---|---|---|---|---|---|
| | | Frequency | Volume (MCY) | Current Project Depth (FT) | Cost ($M) |
| | | | | | None |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | None |

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth.

None

8h.

| | |
|---|---|
| Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations. | None |
| Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations. | None |
| Are the dredged materials considered contaminated? List known contaminants. | None |

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans**. None.

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion. None.

8k.

| | |
|---|---|
| If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions. | YES/NO<br>NO |

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. None

## 9. WRAPUP

**9a.** Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions? None

**9b.** Are there any **other environmental permits** required for base operations, include any relating to industrial operations. None

**9c.** Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections. None

**9d.** List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain. NOne

BRAC-95 CERTIFICATION

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

R. SNIDER
NAME (Please type or print)

R Snider
Signature

Facilities Manager
Title

5/19/94
Date

Facilities
Division

Navy
Department

NMCRC ENCINO, CA
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

R. E. RAUTENBERG
NAME (Please type of print)

R E Rautenberg
Signature

COMMANDING OFFICER
Title

5/19/94
Date

NMCRC ENCINO, CA
Activity

Encino, CA

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. A. GOFF CAPT USNR
NAME (Please type or print

Signature

COMMANDER
Title

25 MAY 94
Date

NAVRESREDCOM REG NINETEEN
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)

J. W. FITZGERALD CAPT USNR
NAME (Please type of print

Signature

COMMANDER - ACTING
Title

7 JUN 1994
Date

COMNAVSURFRESFOR
Activity

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

MAJOR CLAIMANT LEVEL

T. F. HALL
NAME (Please type or print

Signature

Commander, Naval Reserve Force
Title

6/8/94
Date

4400 Dauphine St.
New Orleans, LA 70146
Activity

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

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

F. W. DRENNON
NAME (Please type of print

Signature

ACTING
Title

6/24/94
Date

733

# DATA CALL 66
# INSTALLATION RESOURCES

**Activity Information:**

| | |
|---|---|
| Activity Name: | N&MCRC ENCINO, CA |
| UIC: | 68174 |
| Host Activity Name (if response is for a tenant activity): | |
| Host Activity UIC: | |

**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: N&MCRC ENCINO, CA | | UIC: 68174 | |
| Category | FY 1996 BOS Costs ($000) | | |
| | Non-Labor | Labor | Total |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 55 | | 55 |
| 1b. Minor Construction | | | |
| **1c. Sub-total 1a. and 1b.** | 55 | | 55 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | ·30 | | 30 |
| 2b. Transportation | | | |
| 2c. Environmental | | | |
| 2d. Facility Leases | | | |
| 2e. Morale, Welfare & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Service Centers | | | |
| 2i. Administration | 63 | | 63 |
| 2j. Other (Specify) - Basecomm | 10 | | 10 |
| **2k. Sub-total 2a. through 2j:** | 103 | | 103 |
| **3. Grand Total (sum of 1c. and 2k.):** | 158 | | 158 |

**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:

| Appropriation | Amount ($000) |
|---|---|
| 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 2l., 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

N/A

| Table 1B - Base Operating Support Costs (DBOF Overhead) | | | |
|---|---|---|---|
| Activity Name: N&MCRC ENCINO, CA | | UIC: 68174 | |
| 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.) : | | | |

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: N&MCRC ENCINO, CA | UIC: 68174 |

| Cost Category | FY 1996 Projected Costs ($000) |
|---|---|
| Travel: | 2 |
| Material and Supplies (including equipment): | 4 |
| Industrial Fund Purchases (other DBOF purchases): | 13 |
| Transportation: | |
| Other Purchases (Contract support, etc.): | 139 |
| Total: | 158 |

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:** N&MCRC ENCINO, CA | **UIC:** 68174 |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | |
| Facilities Support: | |
| Mission Support: | 1.0 |
| Procurement: | |
| Other:* | |
| **Total Workyears:** | 1.0 |

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

**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)): 1.0

2) Estimated number of workyears which would be eliminated: 0

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

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.) |
|---|---|
| 0 | |

| No. of Additional Contract Workyears Which Would Be Relocated | General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.) |
|---|---|
| 0 | |

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

T. F. HALL, RADM, USN

NAME (Please type or print)

T F Hall

Signature

COMMANDER NAVAL RESERVE FORCE

Title

7/14/94

Date

COMNAVRESFOR, WASHINGTON, D.C.

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) _____ Signature _____

Title _____ Date _____

BRAC-95 CERTIFICATION

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

P. M. NIGH

NAME (Please type or print)

Signature

DEPUTY CHIEF OF STAFF

Title

7/13/94

Date

CODE 06

Division

FINANCIAL MANAGEMENT

Department

COMMANDER NAVAL RESERVE FORCE

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

T. F. HALL, RADM, USN — NAME (Please type or print)

TFHall — Signature

COMMANDER NAVAL RESERVE FORCE — Title

7/14/94 — Date

COMNAVRESFOR, WASHINGTON, D.C. — 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)

W. A. EARNER — NAME (Please type or print)

WAEarner — Signature

Title _____

8/8/94 — Date

ORIGINAL

133

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

| | |
|---|---|
| **Activity Name:** | NAVMARCORESCEN ENCINO |
| **UIC:** | 68174 |
| **Major Class Claimant:** | COMNAVRESFOR |

**General Instructions/Background:**

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates. Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

**Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.**



ORIGINAL

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**General Instructions/Background (Continued):**

**The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:**

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

## 1. Workforce Data

**a. Average Federal Civilian Salary Rate.** Provide the projected FY 1996 average gross annual appropriated fund civil service salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

| | |
|---|---|
| **Average Appropriated Fund Civilian Salary Rate:** | N/A |

| |
|---|
| **Source of Data (1.a. Salary Rate):** N/A |



ORIGINAL

ORIGINAL

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**b. Location of Residence.** Complete the following table to identify where employees live. Data should reflect current workforce.

**1) Residency Table.** Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

| County of Residence | State | No. of Employees Residing in County | | Percentage of Total Employees | Average Distance From Base (Miles) | Average Duration of Commute (Minutes) |
|---|---|---|---|---|---|---|
| | | Military | Civilian | | | |
| LOS ANGELES | CA | 22 | 0 | 58 | 23 | 32 |
| VENTURA | CA | 14 | 0 | 37 | 45 | 60 |
| SAN BERNANDINO | CA | 2 | 0 | 5 | 60 | 76 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

**2) Location of Government (DoD) Housing.** If some employees of the base live in government housing, identify the county(s) where government housing is located: None.



ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

| **Source of Data (1.b. 1) & 2) Residence Data):** Command Survey |
|---|

**c. Nearest Metropolitan Area(s).** Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

| City | County | Distance from base (miles) |
|---|---|---|
| see attached | | |
| | | |
| | | |
| | | |
| | | |

| **Source of Data (1.c. Metro Areas):** See attached |
|---|



ORIGINAL

ORIGINAL

Nearest Metropolitan Areas:

| City | County | Distance From Base (mi) |
|---|---|---|
| Burbank | Los Angeles | 12 |
| Compton | " | 14 |
| Downey | " | 28 |
| El Monte | " | 28 |
| Glendale | " | 15 |
| Inglewood | " | 20 |
| Lancaster | " | 38 |
| Long Beach | " | 32 |
| Los Angeles | " | 10 |
| Norwalk | " | 28 |
| Pasadena | " | 20 |
| Pomona | " | 40 |
| Torrence | " | 22 |
| West Covina | " | 32 |
| Oxnard | Ventura | 36 |
| Simi Valley | " | 17 |
| Thousand Oaks | " | 18 |
| Ventura | " | 41 |
| Anaheim | Orange | 32 |
| Costa Mesa | " | 42 |
| Fullerton | " | 30 |
| Garden Grove | " | 38 |
| Hunnington Beach | " | 34 |
| Irvine | " | 45 |
| Orange | " | 42 |
| Santa Ana | " | 41 |

Source of Data (1.c.):
Population Research Center, Hall of Records for Los Angeles, Orange, and Ventura counties

ORIGINAL

ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**d. Age of Civilian Workforce.** Complete the following table, identifying the age of the activity's civil service workforce.

| Age Category | Number of Employees | Percentage of Employees |
|---|---|---|
| 16 - 19 Years | N/A | N/A |
| 20 - 24 Years | N/A | N/A |
| 25 - 34 Years | N/A | N/A |
| 35 - 44 Years | N/A | N/A |
| 45 - 54 Years | N/A | N/A |
| 55 - 64 Years | N/A | N/A |
| 65 or Older | N/A | N/A |
| TOTAL | | 100 % |

**Source of Data (1.d.) Age Data):** N/A



ORIGINAL

ORIGINAL

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

## e. Education Level of Civilian Workforce

**1) Education Level Table.** Complete the following table, identifying the education level of the activity's **civil service** workforce.

| Last School Year Completed | Number of Employees | Percentage of Employees |
|---|---|---|
| **8th Grade or less** | N/A | N/A |
| **9th through 11th Grade** | N/A | N/A |
| **12th Grade or High School Equivalency** | N/A | N/A |
| **1-3 Years of College** | N/A | N/A |
| **4 Years of College (Bachelors Degree)** | N/A | N/A |
| **5 or More Years of College (Graduate Work)** | N/A | N/A |
| **TOTAL** | N/A | N/A |

**2) Degrees Achieved.** Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

| Degree | Number of Civilian Employees |
|---|---|
| Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.) | N/A |
| Associate Degree | N/A |
| Bachelor Degree | N/A |
| Masters Degree | N/A |
| Doctorate | N/A |



ORIGINAL

ORIGINAL

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**Source of Data (1.e.1) and 2) Education Level Data):** N/A

**f. Civilian Employment By Industry**. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| **1. Agriculture, Forestry & Fishing** | 01-09 | N/A | N/A |
| **2. Construction** (includes facility maintenance and repair) | 15-17 | N/A | N/A |
| **3. Manufacturing** (includes Intermediate and Depot level maintenance) | 20-39 | | |
| 3a. Fabricated Metal Products (include ordnance, ammo, etc.) | 34 | N/A | N/A |
| 3b. Aircraft (includes engines and missiles) | 3721 et al | N/A | N/A |
| 3c. Ships | 3731 | N/A | N/A |
| 3d. Other Transportation (includes ground vehicles) | various | N/A | N/A |
| 3e. Other Manufacturing not included in 3a. through 3d. | various | N/A | N/A |



ORIGINAL

ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| **Sub-Total 3a. through 3e.** | 20-39 | N/A | N/A |
| **4. Transportation/Communications/Utilities** | 40-49 | | |
| 4a. Railroad Transportation | 40 | N/A | N/A |
| 4b. Motor Freight Transportation & Warehousing (includes supply services) | 42 | N/A | N/A |
| 4c. Water Transportation (includes organizational level maintenance) | 44 | N/A | N/A |
| 4d. Air Transportation (includes organizational level maintenance) | 45 | N/A | N/A |
| 4e. Other Transportation Services (includes organizational level maintenance) | 47 | N/A | N/A |
| 4f. Communications | 48 | N/A | N/A |
| 4g. Utilities | 49 | N/A | N/A |
| **Sub-Total 4a. through 4g.** | 40-49 | N/A | N/A |
| **5. Services** | 70-89 | N/A | N/A |
| 5a. Lodging Services | 70 | N/A | N/A |
| 5b. Personal Services (includes laundry and funeral services) | 72 | N/A | N/A |
| 5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services) | 73 | N/A | N/A |
| 5d. Automotive Repair and Services | 75 | N/A | N/A |
| 5e. Other Misc. Repair Services | 76 | N/A | N/A |
| 5f. Motion Pictures | 78 | N/A | N/A |
| 5g. Amusement and Recreation Services | 79 | N/A | N/A |
| 5h. Health Services | 80 | N/A | N/A |



ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| 5i. Legal Services | 81 | N/A | N/A |
| 5j. Educational Services | 82 | N/A | N/A |
| 5k. Social Services | 83 | N/A | N/A |
| 5l. Museums | 84 | N/A | N/A |
| 5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.) | 87 | N/A | N/A |
| 5n. Other Misc. Services | 89 | N/A | N/A |
| **Sub-Total 5a. through 5n.:** | 70-89 | N/A | N/A |
| **6. Public Administration** | 91-97 | N/A | N/A |
| 6a. Executive and General Government, Except Finance | 91 | N/A | N/A |
| 6b. Justice, Public Order & Safety (includes police, firefighting and emergency management) | 92 | N/A | N/A |
| 6c. Public Finance | 93 | N/A | N/A |
| 6d. Environmental Quality and Housing Programs | 95 | N/A | N/A |
| **Sub-Total 6a. through 6d.** | N/A | N/A | N/A |
| **TOTAL** | N/A | N/A | N/A |

**Source of Data (1.f.) Classification By Industry Data):** N/A



ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**g. Civilian Employment by Occupation.** Complete the following table to identify the types of "occupations" performed by civil service employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

| Occupation | Number of Civilian Employees | Percent of Civilian Employees |
|---|---|---|
| **1. Executive, Administrative and Management** | N/A | N/A |
| **2. Professional Specialty** | | |
| 2a. Engineers | N/A | N/A |
| 2b. Architects and Surveyors | N/A | N/A |
| 2c. Computer, Mathematical & Operations Research | N/A | N/A |
| 2d. Life Scientists | N/A | N/A |
| 2e. Physical Scientists | N/A | N/A |
| 2f. Lawyers and Judges | N/A | N/A |
| 2g. Social Scientists & Urban Planners | N/A | N/A |
| 2h. Social & Recreation Workers | N/A | N/A |
| 2i. Religious Workers | N/A | N/A |
| 2j. Teachers, Librarians & Counselors | N/A | N/A |
| 2k. Health Diagnosing Practitioners (Doctors) | N/A | N/A |
| 2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.) | N/A | N/A |



ORIGINAL

ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

| Occupation | Number of Civilian Employees | Percent of Civilian Employees |
|---|---|---|
| 2m. Communications | N/A | N/A |
| 2n. Visual Arts | N/A | N/A |
| **Sub-Total 2a. through 2n.:** | N/A | N/A |
| **3. Technicians and Related Support** | | |
| 3a. Health Technologists and Technicians | N/A | N/A |
| 3b. Other Technologists | N/A | N/A |
| **Sub-Total 3a. and 3b.:** | N/A | N/A |
| **4. Administrative Support & Clerical** | N/A | N/A |
| **5. Services** | | |
| 5a. Protective Services (includes guards, firefighters, police) | N/A | N/A |
| 5b. Food Preparation & Service | N/A | N/A |
| 5c. Dental/Medical Assistants/Aides | N/A | N/A |
| 5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers) | N/A | N/A |
| **Sub-Total 5a. through 5d.** | N/A | N/A |
| **6. Agricultural, Forestry & Fishing** | N/A | N/A |
| **7. Mechanics, Installers and Repairers** | N/A | N/A |
| **8. Construction Trades** | N/A | N/A |
| **9. Production Occupations** | N/A | N/A |
| **10. Transportation & Material Moving** | N/A | N/A |
| **11. Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere) | N/A | N/A |
| **TOTAL** | N/A | N/A |



ORIGINAL

ORIGINAL

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**Source of Data (1.g.) Classification By Occupation Data): N/A**

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.



ORIGINAL

ORIGINAL

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA



ORIGINAL

ORIGINAL

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**h. Employment of Military Spouses.** Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

| | |
|---|---|
| **1.** Percentage of Military Employees Who Are Married: | 71% |
| **2.** Percentage of Military Spouses Who Work Outside of the Home: | 28% |
| **3.** Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home". | |
| 3a. Employed "On-Base" - Appropriated Fund: | 0 |
| 3b. Employed "On-Base" - Non-Appropriated Fund: | 0 |
| 3c. Employed "Off-Base" - Federal Employment: | 9% |
| 3d. Employed "Off-Base" - Other Than Federal Employment | 91% |

**Source of Data (1.h.) Spouse Employment Data):** COMMAND SURVEY



ORIGINAL

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**2. Infrastructure Data.** For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

**A** - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

**B** - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

**C** - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

**Table 2.a., "Local Communities":** This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

**Table 2.b., "Economic Region":** This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

**For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.**



ORIGINAL

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**a. Table A: Ability of the local community to meet the expanded needs of the base.**

1) Using the **A - B - C** rating system described above, complete the table below.

| Category | 20% Increase | 50% Increase | 100% Increase |
|---|---|---|---|
| Off-Base Housing | A | A | A |
| Schools - Public | A | A | A |
| Schools - Private | A | A | A |
| Public Transportation - Roadways | A | A | A |
| Public Transportation - Buses/Subways | A | A | A |
| Public Transportation - Rail | A | A | A |
| Fire Protection | A | A | A |
| Police | A | A | A |
| Health Care Facilities | A | A | A |
| Utilities: | A | A | A |
| Water Supply | A | A | A |
| Water Distribution | A | A | A |
| Energy Supply | A | A | A |
| Energy Distribution | A | A | A |
| Wastewater Collection | A | A | A |
| Wastewater Treatment | A | A | A |
| Storm Water Collection | A | A | A |
| Solid Waste Collection and Disposal | A | A | A |
| Hazardous/Toxic Waste Disposal | A | A | A |
| Recreational Activities | A | A | A |

Remember to mark with an asterisk any categories which are wholly supported on-base.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion. NONE.

**Source of Data (2.a. 1) & 2) - Local Community Table): COMMAND ASSESSMENT**

BASED ON THE NUMBER OF PERSONNEL ASSIGNED AS COMPARED TO THE SIZE AND RESOURCES OF THE LOCAL COMMUNITY.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.**

1) Using the **A - B - C** rating system described above, complete the table below.

| Category | 20% Increase | 50% Increase | 100% Increase |
|---|---|---|---|
| Off-Base Housing | A | A | A |
| Schools - Public | A | A | A |
| Schools - Private | A | A | A |
| Public Transportation - Roadways | A | A | A |
| Public Transportation - Buses/Subways | A | A | A |
| Public Transportation - Rail | A | A | A |
| Fire Protection | A | A | A |
| Police | A | A | A |
| Health Care Facilities | A | A | A |
| Utilities: | A | A | A |
| Water Supply | A | A | A |
| Water Distribution | A | A | A |
| Energy Supply | A | A | A |
| Energy Distribution | A | A | A |
| Wastewater Collection | A | A | A |
| Wastewater Treatment | A | A | A |
| Storm Water Collection | A | A | A |
| Solid Waste Collection and Disposal | A | A | A |
| Hazardous/Toxic Waste Disposal | A | A | A |
| Recreation Facilities | A | A | A |

Remember to mark with an asterisk any categories which are wholly supported on-base.



ORIGINAL

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion. NONE.

**Source of Data (2.b. 1) & 2) - Regional Table):** COMMAND ASSESSMENT.

BASED ON THE NUMBER OF PERSONNEL ASSIGNED AS COMPARED TO THE SIZE AND RESOURCES OF THE REGION.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**3. Public Facilities Data:**

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

| | LOS ANGELES | VENTURA | SAN BERNARDINO |
|---|---|---|---|
| Rental Units: | 63,915 | 2,129 | 11,679 |
| Units for Sale: | 47,014 | 3,103 | 14,380 |

**Source of Data (3.a. Off-Base Housing): GOVERNMENT HOUSING AUTHORITY**

STATE OF CALIFORNIA
POC: MR. JOHN MALONEY
COMM: (213) 251-7027

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

| School District | County | Number of Schools | | | Enrollment | | Pupil-to-Teacher Ratio | | Does School District Serve Gov't Housing Units? * |
|---|---|---|---|---|---|---|---|---|---|
| | | Elementary | Middle | High | Current | Max. Capacity | Current | Max. Ratio | |
| SEE ATTACHED | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**SEE ATTACHED**

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

**Source of Data (3.b.1) Education Table): SEE ATTACHED.**

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment. NO.

**Source of Data (3.b.2) On-Base Schools): N/A.**

| County | Number of School Districts | Current Enrollment | Maximum Capacity |
|---|---|---|---|
| Los Angeles | 82 | 1.4 Million | * |
| Ventura | 20 | 118,842 | * |
| San Bernardino | 37 | 312,756 | * |

County Department of Education:

Los Angeles County: (310) 922-6111
Ventura County: (805) 652-7332
San Bernardino County: (909) 387-4210

* Due to the high number of school districts, figures are not available. All counties are near capacity or over maximum capacity at the present time. Other data requested in table is not available due to the extremely large size of the school districts involved.

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

SEE ATTACHED.

**Source of Data (3.b.3) Colleges):** SEE ATTACHED.

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

SEE ATTACHED.

**Source of Data (3.b.4) Vo-tech Training):** SEE ATTACHED.

# L O S  A N G E L E S  C O U N T Y

## UNIVERSITIES & COLLEGES

AMBASSADOR COLLEGE
ANTELOPE VALLEY COLEGE
AZUSA PACIFIC UNIVERSITY
AZUSA PACIFIC-HILLSIDE CAMPUS
BIOLA UNIVERSITY
CAL STATE POLY UNIVERSITY
CERRITOS COLLEGE
CITRUS COLLEGE
CLAREMONT COLLEGE
COLLEGE OF THE CANYONS
COMPTON COLLEGE
CSU DOMINGUEZ HILLS
CSU LONG BEACH
CSU LOS ANGELES
CSU NORTHRIDGE
CYPRESS COLLEGE
EAST LOS ANGELES COLLEGE
EL CAMINO COLLEGE
FULLERTON COLLEGE
GLENDALE COLLEGE
HARVEY-MUDD COLLEGE
L.A. MISSION COLLEGE
LONG BEACH CITY COLLEGE
L.A. CITY COLLEGE
L.A. HARBOR COLLEGE
L.A. SOUTHWEST COLLEGE
L.A. VALLEY COLLEGE
LOYOLA MARYMOUNT UNIVERSITY
MARYMOUNT PALOS VERDES COLLEGE
MASTERS COLLEGE
MT SAN ANTONIO COLLEGE
MT ST. MARYS COLEGE
OCCIDENTAL COLLEGE
PACIFIC STATES UNIVERSITY
PASADENA CITY COLLEGE
PEPPERDINE UNIVERSITY
PITZER COLLEGE
POMONA COLLEGE
RIO HONDO COLLEGE
SANTA MONICA COLLEGE
SOKA UNIVERSITY
SOUTHWESTERN UNIVERSITY
U.C. LOS ANGELES
UNIVERSITY OF LAVERNE
UNIVERSITY OF SO CALIFORNIA
WEST COAST UNIVERSITY
WEST L.A COLLEGE MARINA CAMPUS
WEST L.A. COLLEGE
WHITTIER COLLEGE
WILLIAM CAREY INTERNATIONAL UNIV.

WOODBURY UNIVERSITY
==========

VOCATIONAL & BUSINESS SCHOOLS

A INTERNATIONAL BARTENDERS SCHOOL---------- BARTENDING
AMERICAN BARTENDERS SCHOOLS----------BARTENDING
AMERICAN SCHOOL OF X-RAY----------X-RAY TECHNOLOGY
ANTHONY SCHOOLS TORRANCE----------"LICENSE PREPARATION FOR
BUILDING
ANTHONY SCHOOLS TARZANA----------CONTRACTOR,REAL ESTATE-SALES,
ANTHONY SCHOOLS WESTWOOD----------BROKER,APPRAISER,INSURER."
AVIS CONTRACTOR LICENSE SCHOOL----------CONTRACTOR LICENSING
BARTENDER AMERICAN SCHOOL----------BARTENDING
BARTENDERS NATIONAL SCHOOL----------BARTENDING
BLOCK, H & R----------TAX PREPARATION
BRYAN COLLEGE OF COURT REPORTING----------COURT REPORTING
CALIFORNIA CONTRACTOR LICENSE SERVICE---------CONTRACTOR LICENSING
CAREER BLAZERS INC.----------BUSINESS EDUCATION
CENTER FOR EFFECTIVE NEGOTIATING----------BUSINESS NEGOTIATIONS
COMPUMATICS COMPUTER TRAINING----------COMPUTER LEARNING
CONTRACTOR LICENSE EXAM PUBLISHING CO.--------CONTRACTOR LICENSING
ENGLISH LANGUAGE CENTER----------LANGUAGE LEARNING
FOOD & BEVERAGE TRAINING INSTITUTE----------WAITERS,BARTEND,MGT.
FRED SANDS SCHOOL OF REAL ESTATE----------REAL ESTATE
G I A-GEMOLOGICAL INSTITUTE OF AMERICA--------GEMOLOGY
HYPNOSIS MOTIVATION INSTITUTE----------HYPNOTHERAPISTS
IPSB INCORPORATED----------THERAPUTIC MASSAGE
ITT TECHNICAL INSTITUTE VAN NUYS----------ELECTRONICS TECHNOLOGY
ITT TECHNICAL INSTITUTE CARSON----------ELECTRONICS TECHNOLOGY
LOMBARD ACADEMY OF ELECTROLOGY----------ELECTROLOSIS
MASSAGE SCHOOL OF SANTA MONICA----------MASSAGE THERAPY
MASSAGE SCHOOL OF SANTA MONICA N. HOLLYWOOD---MASSAGE THERAPY
MODERN TECHNOLOGY SCHOOL OF X-RAY----------X-RAY TECHNOLOGY
NATIONAL COMPUTER TRAINING----------COMPUTER TRAINING
NICK HARRIS DETECTIVES INC.----------DETECTIVE
NORTHROP RICE AVIATION INSTITUTE----------AVIONICS,MAINT.
NOVA INSTITUTE OF HEALTH TECHNOLOGY----------MEDICAL CARRERS
OAK HILL ACAMEDY----------COMPUTER TRAINING
PACIFIC SECURITY TRAINING ACADEMY----------SECURITY
PETVILLE USA----------VETERINARY
PLATT COLLEGE----------ADVERTISING
SHIATSU MASSAGE SCHOOL CALIFORNIA----------MASSAGE THERAPY
TOUCH THERAPY INSTITUTE----------MASSAGE THERAPY
TRAVEL WORLD COLLEGE----------TRAVEL AGENT TRAINING
TRAVEL SCHOOLS WEST----------TRAVEL AGENT TRAINING
WEST COAST SCHOOL OF TRAVEL----------TRAVEL AGENT TRAINING

# O R A N G E  C O U N T Y

## COLLEGES AND UNIVERSITIES

CHAPMAN COLLEGE
COASTLINE COLLEGE
CSU FULLERTON
CYPRESS COLLEGE
FULLERTON COLLEGE
GOLDENWEST COLLEGE
IRVINE VALLEY COMMUNITY COLLEGE
ORANGE COAST COLLEGE
PACIFIC CHRISTIAN COLLEGE
RANCHO SANTIAGO COLLEGE-GARDEN GROVE
RANCHO SANTIAGO COLLEGE-ORANGE
RANCHO SANTIAGO COLLEGE-SANTA ANA
SADDLEBACK COLLEGE
SOUTHERN CALIFORNIA COLLEGE
UNIVERSITY OF CALIFORNIA IRVINE
WEST COAST UNIVERSITY
WESTERN STATE UNIVERSITY COLLEGE OF LAW

## VOCATIONAL & BUSINESS SCHOOLS

ART INSTITUTE OF CALIFORNIA
FASHION INSTITUTE
SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY

# V E N T U R A  C O U N T Y

## COLLEGES & UNIVERSITIES

AMERICAN COLLEGE FOR THE APPLIED ARTS
ANTIOCH UNIVERSITY
CALIFORNIA LUTHERAN UNIVERSITY
CALIFORNIA STATE UNIVERSITY NORTHRIDGE-VENTURA CAMPUS
INSTITUTE OF MEDICAL LAW
OXNARD COLLEGE
PEPPERDINE UNIVERSITY
ST JOHNS SEMINARY
SOUTHERN ILLINOIS UNIVERSITY, POINT MUGU
THOMAS AQUINAS COLLEGE
UNIVERSITY OF SOUTHERN CALIFORNIA, POINT MUGU
UNIVERSITY OF CALIFORNIA SANTA BARBARA, VENTURA
UNIVERSITY OF LA VERNE RESIDENCE CENTER, POINT MUGU
VENTURA COLLEGE
VENTURA COLLEGE OF LAW
WEST COAST UNIVERSITY, CAMARILLO

## VOCATIONAL & BUSINESS SCHOOLS

ACADEMY OF TRAVEL & CRUISES----------TRAVEL AGENT TRAINING
ALLIED BUSINESS SCHOOLS----------BUSINESS,REAL ESTATE,APPRAISERS
AMERICAN BARTENDERS SCHOOL----------BARTENDING
ANTHONY SCHOOLS, VENTURA----------REAL ESTATE,SALES,BROKER,APPRAISER
BARTENDER AMERICAN SCHOOL----------BARTENDING
BEST SCHOOLS----------RETAIL & MERCHANDISING
BLOCK, H & R - CAMARILLO----------TAX PREPARATION
BLOCK, H & R - OXNARD----------TAX PREPARATION
BLOCK, H & R - PORT HUENEME----------TAX PREPARATION
CENTER FOR EMPLOYMENT TRAINING----------EMPLOYMENT AGENT TRAINING
CENTRAL COAST ACADEMY----------TRAVEL AGENT TRAINING
COMPUTER APPLICATIONS TRAINING INC------COMPUTER TRAINING
COMPUTERFOCUS----------COMPUTER TRAINING
CONTRACTORS LICENSE OF CALIFORNIA-------CONTRACT LICENSING
FIDM INSTITUTE OF DESIGN----------FASHION AND DESIGN
GOLDEN STATE SCHOOL----------BUSINESS
GROOMING PLUS----------DOG GROOMING
ITT TECHNICAL INSTITUTE----------ELECTRONICS TECHNOLOGY
IADE AMERICAN SCHOOLS----------CITIZENSHIP
INTERNATIONAL BARTENDERS----------BARTENDING
PACIFIC SEATEC----------NAUTICAL SEAMANSHIP
SAWYER COLLEGE----------BUS.,TECHNICAL,LAW,MEDICAL
SIMI VALLEY ADULT COLLEGE----------AUTOMOTIVE,BUS.,TECH.,MED/DENTAL
WATTERSON COLLEGE----------LEGAL,BUS.,MED.,PHYSICAL THERAPY

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

1) Is the activity served by public transportation?

| | Yes | No |
|---|---|---|
| Bus: | X | |
| Rail: | | X |
| Subway: | | X |
| Ferry: | | X |

**Source of Data (3.c.1) Transportation):** CITY OF L.A. DEPT OF TRANSPORTATION

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station. AMTRAK, 7224 VAN NUYS BLVD, VAN NUYS, CA
DISTANCE FROM CENTER, 4 MILES

**Source of Data (3.c.2) Transportation): AMTRAK, MRS ADAMSON, 800-872-7245**

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport. BURBANK/GLENDALE/PASADENA AIRPORT
2627 HOLLYWOOD WAY
BURBANK, CA 91505
DISTANCE FROM CENTER, 10 MILES

**Source of Data (3.c.3) Transportation):** BURBANK/GLENDALE/PASADENA AIRPORT AUTHORITY, THOMAS GREER, EXEC. DIR., 818-840-8840

4) How many carriers are available at this airport? 8.
ALASKA SOUTHWEST TRANSWORLD EXPRESS
AMERICAN UNITED SKYWEST
AMERICA WEST
RENO AIR

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**Source of Data (3.c.4) Transportation):** BURBANK/GLENDALE/PASADENA AIRPORT AUTHORITY, THOMAS GREER, EXEC DIR, 818-840-8840



ORIGINAL

ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

I-101 (2 MILES) I-405 (3 MILES) I-5 (8 MILES)

**Source of Data (3.c.5) Transportation): 1992 THOMAS GUIDE STREET MAP**

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.) BALBOA BLVD 4 LANE ROAD (40 MPH) NO SIGNIFICANT CONGESTION PROBLEMS.

b) Do access roads transit residential neighborhoods?
NO ACCESS ROADS.

c) Are there any easements that preclude expansion of the access road system? NO EASEMENTS.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)? NO OTHER BARRIERS TO TRAFFIC FLOW.

**Source of Data (3.c.6) Transportation):** 1992 THOMAS GUIDE



ORIGINAL

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service. YES- THE PLAN (AGREEMENT) TELLS THE FIRE DEPARTMENT IN CASE OF FIRE WHAT MATERIALS THERE ARE, SO THAT A DETERMINATION CAN BE MADE ON THE PROCEDURE TO FIGHT THE FIRE. THE PROVIDER IS LOS ANGELES CITY FIRE DEPT.

**Source of Data (3.d. Fire/Hazmat): BUSINESS EMERGENCY RESPONSE PLAN**

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?
~~USE LOCAL LAW ENFORCEMENT LOS ANGELES POLICE DEPARTMENT~~. – CONCURRENT PST NAVRESRED Com Reb 19 7/7/94

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection. N/A EXCLUSIVE – Armory/SCEF NAVRESRED Com Reb 19 7/7/94

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection? N/A

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered. N/A

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received. N/A.

**Source of Data (3.e. 1) - 5) - Police): LOS ANGELES POLICE DEPARTMENT**

CNRF003

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service. CONTRACT FOR WATER, POWER AND SEWAGE/LOS ANGELES DEPT OF WATER AND POWER, NO LIMITS.
CONTRACT FOR REFUSE DISPOSAL/WASTE MANAGEMENT, NO LIMITS.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact. NO.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact. YES.

ALL SERVICES WERE UNAVAILABLE FOR SEVERAL DAYS AFTER JANUARY 17, 1994 NORTHRIDGE EARTHQUAKE. DRINKING WATER WAS UNAVAILABLE FOR 6 WEEKS.

**Source of Data (3.f. 1) - 3) Utilities):** LOS ANGELES DWP/WASTE MANAGEMENT

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

| Employer | Product/Service | No. of Employees |
|---|---|---|
| 1. ALANTIC RICHFIELD | PETROLEUM | 10,000+ |
| 2. OCCIDENTAL PETROLEUM CORP | PETROLEUM | 10,000+ |
| 3. UNICAL | PETROLEUM | 10,000+ |
| 4. LOCKHEED | AEROSPACE | 10,000+ |
| 5. BANK OF AMERICA | BANKING | 10,000+ |
| 6. SOUTHERN CAL ELECTRIC CORP | UTILITIES | 10,000+ |
| 7. WALT DISNEY PRODUCTIONS | ENTERTAINMENT | 10,000+ |
| 8. PACIFIC ENTERPRISES | UTILITIES | 10,000+ |
| 9. NORTHRUP | AEROSPACE | 10,000+ |
| 10. LITTON INDUSTRIES | AEROSPACE | 10,000+ |

**Source of Data (4. Business Profile): CHAMBER OF COMMERCE**



OK

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

   a. Loss of Major Employers: LOCHEED CORPORATION, GENERAL MOTORS ASSEMBLY PLANT, WANG INC, SECURITY PACIFIC BANK.

   b. Introduction of New Businesses/Technologies: NO SIGNIFICANT INTRODUCTIONS.

   c. Natural Disasters: EARTHQUAKES AND FIRES HAVE BOTH A NEGATIVE AND POSITIVE IMPACT ON ECONOMIC GROWTH.

   d. Overall Economic Trends: EMPLOYMENT LEVEL HAS DROPPED 9.7 PERCENT DURING THE PERIOD 1989-1993.

| **Source of Data (5. Other Socio/Econ):** CALIFORNIA DEPT OF LABOR |
|---|

**6. Other.** Identify any contributions of your activity to the local community not discussed elsewhere in this response. NONE.



ORIGINAL

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

| |
|---|
| **Source of Data (6. Other):** 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)

CAPT R. A. GOFF
NAME (Please type or print)

Signature

COMMANDER
Title

07/11/94
Date

NAVAL RESERVE READINESS COMMAND, REGION 19
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)

JOHN B. BELL, CAPT, USNR
COMMANDER - ACTING
COMNAVSURFRESFOR

Signature

13 JUL 1994
Date

Activity

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

MAJOR CLAIMANT LEVEL

T. F. HALL
NAME (Please type or print)

TF Hall
Signature

Commander, Naval Reserve Force
Title

7/25/94
Date

4400 Dauphine St.
New Orleans, LA 70146
Activity

Chief of Naval Operations (N095)
2000 Navy Pentagon
and: Washington, DC 20350-2000

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

R. E. RAUTENBERG
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

6/30/94
Date

N&MCRC ENCINO, CA.
Activity

ORIGINAL

BRAC-95 CERTIFICATION

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

R. E. SNIDER
NAME (Please type or print)

FACILITIES MANAGER
Title

FACILITIES
Division

NAVY
Department

N&MCRC ENCINO, CA.
Activity

R E Snider
Signature

6/30/94
Date

ORIGINAL

BRAC-95 CERTIFICATION

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

A. W. LENZ
NAME (Please type or print)

Signature

TRAINING AND ADMINISTRATION
Title

6/30/94
Date

TRAINING
Division

NAVY
Department

N&MCRC ENCINO, CA.
Activity

**DEPARTMENT OF THE NAVY**
NAVAL AND MARINE CORPS RESERVE CENTER
3938 OLD FRENCH ROAD
ERIE, PENNSYLVANIA 16504-2098

61878 734

ORIGINAL

11000
00
18 Jun 94

From: Commanding Officer, Naval and Marine Corps Reserve Center, Erie
To: Commander, Naval Reserve Readiness Command Region Five (Code 07)

Subj: BASE REALIGNMENT AND CLOSURE (BRAC) 95 DATA CALL 48

Ref: (a) REDCOM Five Memo of 15 Jun 94

Encl: (1) Data Call Forty Eight - Capacity Analysis

1. Per reference (a), enclosure (1) is forwarded.

C. L. GONZALEZ

and/or active components, and non-DoD).

f. Use "N/A" to respond to a question and/or table that does not apply; **provide the reason(s) why it is not applicable.**

i. Provide best estimates where projections of future requirements are requested.

## MISSION REQUIREMENTS:

A. AUTHORIZED/DIRECTED DRILL UTILIZATION

1. For all units (Department of the Navy and non-Department of the Navy) that train at your command/center give, by type of training facility (drill space), the number of facility (drill space) hours of training that was conducted in FY 1992 and FY 1993, and the number of facility hours that will be required to meet future Authorized/Directed Drill Utilization. A facility hour is equal to the number of facilities uses times the number of weekend hours per year the facility was occupied. **For example, if a Reserve Center conducts training in 3 classrooms, 50 weekends a year for 16 hours, the classroom hours would be 3 x 16 x 50 = 2,400 classroom hours worth of training.** Designate "other" by 171-15 type or other CCN.

| TYPE OF FACILITY | HISTORIC Training Hours per year | | PROJECTED Training Hours per year | | | | |
|---|---|---|---|---|---|---|---|
| | 1992 | 1993 | 1994 | 1995 | 1997 | 1999 | 2001 |
| Classrooms | 7346 | 7346 | 7396 | 7396 | 7396 | 7396 | 7396 |
| Assembly Hall | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| Conference/Classroom | 39 | 39 | 39 | 39 | 39 | 39 | 39 |
| Multi-Media Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Team Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Armory | 176 | 176 | 176 | 176 | 176 | 176 | 176 |
| Other (designate) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |

Duplicate all charts as necessary.

2. Throughput. For each type of drill space utilization n response to question 1. Give the annual student throughput, (i.e. number of reservists utilizing the type of facility (drill space) or the expected throughput, for the fiscal years indicated.

| TYPE OF FACILITY | Historic Throughput | | PROJECTED THROUGHPUT (Fiscal Year) | | | | |
|---|---|---|---|---|---|---|---|
| Classrooms | 1992 445 | 1993 335 | 1994 328 | 1995 341 | 1997 341 | 1999 341 | 2001 341 |
| Assembly Hall | 445 | 335 | 328 | 341 | 341 | 341 | 341 |
| Conference/Classroom | 40 | 36 | 33 | 36 | 36 | 36 | 36 |
| Multi-Media Center | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Team Training | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Shops | 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| Armory | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Other (designate) | | | | | | | |
| | | | | | | | |

NA. This center does not have a Multimedia Center or Team Training.

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 1

| | |
|---|---|
| To CO | From LT GIORDANO |
| Co. NMCRC ERIE | Co. PERKSON FIVE |
| Dept. | Phone # 216 392 2158 |
| Fax # | Fax # 216 392-2846 |

Enclosure (2)

2. Throughput. For each type of drill space utilization n response to question 1, Give the annual student throughput, (i.e. number of reservists utilizing the type of facility (drill space) or the expected throughput, for the fiscal years indicated.

| TYPE OF FACILITY | Historic Throughput | | PROJECTED THROUGHPUT (Fiscal Year) | | | | |
|---|---|---|---|---|---|---|---|
| Classrooms | 1992 | 1993 | 1994 | 1995 | 1997 | 1999 | 2001 |
| Assembly Hall | 445 | 335 | 328 | 341 | 341 | 341 | 341 |
| Conference/Classroom | 40 | 36 | 33 | 36 | 36 | 36 | 36 |
| Multi-Media Center | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Team Training | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Shops | 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| Armory | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Other (designate) | | | | | | | |
| | | | | | | | |

NA. This center does not have a Multimedia Center or Team Training.

3. By Category, list the Actual Manning Level and Authorized Navy Reserve Billets historically and projected for the year indicated.

| CATEGORY | | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| NUMBER OF SELRES | ACTUAL MANNING LEVEL | 247 ~~219~~ | 228 ~~229~~ | 268 ~~255~~ | 270 ~~280~~ | 270 ~~315~~ | 270 ~~345~~ | 270 ~~375~~ |
| | AUTHORIZED BILLETS | 178 ~~269~~ | 177 ~~242~~ | 162 ~~202~~ | 153 ~~260~~ | 153 ~~290~~ | 153 ~~320~~ | 153 ~~355~~ |
| NUMBER OF TARs | ACTUAL MANNING LEVEL | ~~09~~ 7 | ~~08~~ 7 | ~~08~~ 7 | ~~07~~ 7 | ~~08~~ 7 | ~~08~~ 7 | ~~08~~ 7 |
| | AUTHORIZED BILLETS | 8 ~~09~~ | 8 ~~08~~ | 8 ~~08~~ | 8 ~~07~~ | 6 ~~08~~ | 6 ~~08~~ | 6 ~~08~~ |
| USN | ACTUAL MANNING LEVEL | 0 ~~03~~ | 0 ~~02~~ | 00 | 00 | 00 | 00 | 00 |
| | AUTHORIZED BILLETS | 0 ~~03~~ | 0 ~~01~~ | 0 ~~01~~ | 00 | 00 | 00 | 00 |

CPG
CNSRF
3341B1
28 JUN 94

CNSRF
3332A
24 Jun 94

4. By Category, list the Actual Manning Level and Authorized Marine Corps Billets historically and projected for the year indicated.

| CATEGORY | | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| NUMBER OF USMCR | ACTUAL MANNING LEVEL | 110 | 76 | 76 | 91 | 91 | 91 | 91 |
| | AUTHORIZED BILLETS | 91 | 91 | 91 | 91 | 91 | 91 | 91 |
| NUMBER OF FTS | ACTUAL MANNING LEVEL | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | AUTHORIZED BILLETS | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| USMC | ACTUAL MANNING LEVEL | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | AUTHORIZED BILLETS | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| USN(TAR) | Actual Manning Level | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| | Authorized Billets | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| USN | Actual Manning Level | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| | Authorized Billets | 1 | 1 | 1 | 0 | 0 | 0 | 0 |

5. Major Equipment. Identify major equipment (tanks, trucks, training craft, aircraft, etc.), if any, used in training at your Reserve Center that require special facilities for storage and maintenance (21x-xx and 4xx-xx Category Code Numbers [CCNs] as listed in the NAVFAC P-72 and described in the NAVFAC P-80, etc.) and give the types and sizes of those facilities needed. Do not include training facilities (171-xx and 179-xx CCNs). Add other types of equipment as needed. Provide facility (dill space) requirements in terms of square feet (SF) unless another measure is appropriate; indicate alternate unit of measure if used. Duplicate this chart as needed to list all equipment.

| Type of Equipment | Number by Type | CCN: | | CCN: | | CCN: | |
|---|---|---|---|---|---|---|---|
| | | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required |
| N/A | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: NAVMACORESCEN, Erie has no heavy equipment or machinery used for the purpose of training.

6. Authorized/Directed Drill Utilization Areas. Provide any land and water area requirements for reserve Authorized/Directed Drill Utilization conducted by your Reserve Command/Center; include landing zones (LZs), gun firing positions (GPs), etc. that are scheduled individually, and impact areas. List utilized areas for each use.

| Training Area(s) | Type of Training | Hours per fiscal year |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

The only authorized/directed drill area is located inside this training buildong. No other areas exist.

List the Reserve Units assigned to your Reserve Center. Indicate the number of billets authorized and the actual manning for each Unit historically and projected.

a.

| NAVY UNITS | BILLETS AUTHORIZED/ACTUAL MANNING NAVAL & MARINE CORPS RESERVE CENTER, ERIE, PENNSYLVANIA | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING |
| LST 1192 SPARTANBU 9205 | 11 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PHIB CB 2 DET 305 | 45 | 43 | 45 | 48 | 45 | 48 | 45 | 48 | 45 | 48 |
| 4FSSG MDBNMDCO D DET 3 | 20 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MOBASCONTGRP 0508 | 0 | 22 | 0 | 15 | 0 | 15 | 0 | 15 | 0 | 15 |
| NMCB 20 DET 0120 | 2 | 55 | 1 | 60 | 1 | 60 | 1 | 60 | 1 | 60 |
| SIMA PORTSMOUTH 705 | 40 | 32 | 41 | 67 | 41 | 67 | 41 | 67 | 41 | 67 |
| VOLTRAUNIT 0508 | 0 | 4 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 |
| WEAPSUPCEN CRANE D105 | 44 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NCTS KEFLAVIK 205 | 15 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4FSSG 4MB CCD MSE2D | 0 | 0 | 20 | 15 | 20 | 15 | 20 | 15 | 20 | 15 |
| NMCB 20 DET 1120 | 0 | 0 | 1 | 30 | 1 | 30 | 1 | 30 | 1 | 30 |
| SURFWARCENDIV CRANE 105 | 0 | 0 | 44 | 32 | 44 | 32 | 44 | 32 | 44 | 32 |
| NMCB 20DET 1120 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 177 | 228 | 153 | 270 | | | | | | |

b.

| MARINE CORPS UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| TRK CO (-) HQBN 4TH MARDIV | 91 | 79 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

c.

| ARMY UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| 4/92 FA BM | 186 | 186 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 308 MI DET | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 |
| 542ND QTR MSTR CO. | 00 | 00 | 44 | 44 | 430 | 430 | 430 | 430 | 430 | 430 |
| 430 MPDET | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 |
| 329 MDCO | 126 | 126 | 126 | 126 | 126 | 126 | 126 | 126 | 126 | 126 |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

d.

| COAST GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

**Note:** Naval and Marine Corps Reserve Center, Erie, has no Coast Guard Units assigned.

e.

| NATIONAL GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

Note: Naval and Marine Corps Reserve Center, Erie, has no National Guard Units assigned.

f.

| AIR NATIONAL GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

**Note:** Naval and Marine Corps Reserve Center, Erie, has no Air National Guard Units assigned.

g.

| JOINT UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

**Note:** Naval and Marine Corps Reserve Center, Erie, has no joint units assigned.

8. List all other users that trained at your Reserve Command/Center facilities on drill weekends.

| User | NUMBER OF PERSONNEL PARTICIPATING | | | | | | |
|---|---|---|---|---|---|---|---|
| | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
| Navy Sea Cadets | N/A | N/A | 20 | 23 | 30 | 32 | 38 |
| | | | | | | | |
| | | | | | | | |

9. What is the average number of weekends per month that the Reserve Center is conducting training?

Four weekends monthly.

Block 8, Cont'd: During Fiscal Year 1992 and 1993, Navy Sea Cadet Program participants did not utilize NAVMARCORESCEN, Erie, for drill purposes.

## FACILITIES

A. Facilities (Drill Space)

1. Complete the following tables for all of the drill spaces at your Reserve Center. The types of facilities (drill spaces) in the succeeding tables should correspond with that used to identify facility requirements / usage in the Mission Requirements Section of this Data Call. Reproduce the tables as necessary to include all facilities in which training occurs. **Do not include any inadequate facilities.** **16 hours per week availability is presumed for all facilities**; in the "Non-Availability" column indicate when the facility cannot be scheduled; and in the "Normally Scheduled for Use" column provide facility usage based on the normal work schedule in force.

2. CCN: 171-15 (Reserve Building). For each general type of facility (drill space), list individually and identify all others designed to support a particular type of Authorized/Directed Drill Utilization. (Non-Availability Weekend Drill Days are the number of regularly scheduled drill days for which the particular drill space could not be utilized for any reason.
CCN: 171-15 (A or B)

| Type of Authorized/Directed Drill Utilization Facility (drill space) | Number of Facility (drill space)Type | Unique to the Reserve Command/ Center (Y/N) | Non-Availability Weekend Drill Days per year (FY 1993) | Normally Scheduled per drill weekend (FY 1993) | |
|---|---|---|---|---|---|
| | | | | Average Utilization (hrs/day) 1ST/2ND/3RD | Average Utilization (hours/yr) |
| Classrooms: | 19 RMS | N | 00 | 152/24 /24 | 8448 |
| Assembly Hall | 1 | N | 00 | 4 | 288 |
| Conference/Classroom | 1 | N | 00 | 4 | 288 |
| Multi-Media Center | 1 | N | 00 | 8 | 384 |
| Team Training | 0 | N | 00 | 0 | 00 |
| Shops | 0 | N | 00 | 0 | 00 |
| Armory | 2 | N | 00 | 8 | 384 |
| Other (designate) GALLEY | 1 | N | 00 | 8 | 384 |

3. Complete the following table in square feet used, or expected to be used, in each category: *The total should equal the square footage of your Reserve Center.

| TYPE OF FACILITY (drill space) | Current Allocation | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| ADMINISTRATION | 97,829 | 97,829 | 97,829 | 97,829 | 97,829 | 97,829 | 97,829 | 97,829 |
| CLASSROOMS | 6,972 | 6,972 | 6,972 | 6,972 | 6,972 | 6,972 | 6,972 | 6,972 |
| TRAINERS | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| LABS | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| SHOPS | 365 | 365 | 365 | 365 | 365 | 365 | 365 | 365 |
| VEHICLE MAINTENANCE BAYS | 10,170 | 10,170 | 10,170 | 10,170 | 10,170 | 10,170 | 10,170 | 10,170 |
| STORAGE | 6,542 | 6,542 | 6,542 | 6,542 | 6,542 | 6,542 | 6,542 | 6,542 |
| SUPPLY | 992 | 992 | 992 | 992 | 992 | 992 | 992 | 992 |
| Armory | 862 | 862 | 862 | 862 | 862 | 862 | 862 | 862 |
| OTHER COMMAN SPACE | 11,512 | 11,512 | 11,512 | 11,512 | 11,512 | 11,512 | 11,512 | 11,512 |
| OTHER CCNs* | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| TOTAL SQ. FT. | 135,244 | 135,244 | 135,244 | 135,244 | 135,244 | 135,244 | 135,244 | 135,244 |

* Other CCNs owned and operated by the Reserve Center (i.e. 171-35 Operational Trainer Facility, or 171-50 Small Arms Range - Indoor) where training occurs.

4. **What major factors preclude full utilization of drill spaces and classroom spaces, e.g., scheduling inefficiencies for classroom, reservist/instructor ratio, availability of instructors, etc.? Historically, what percentage of drill space is vacant because of these factors?** These factors have no play on vacancy of classrooms.

B. Authorized/Directed Utilization Areas. List all of the Reserve Command/Center land and water utilization areas; include landing zones (LZ)s, gun firing positions (GP)s, etc. that are scheduled individually, and impact areas.

| Utilization Areas | Size (Acres) | Number of Personnel involved per event | Non-Availability (FY 1993) (days per year) |
|---|---|---|---|
| NONE | | | |
| NONE | | | |
| NONE | | | |

1. Airspace. List any airspace used by your Reserve Command/Center.

| Airspace Name | Dimensions | Scheduling Agency | Controlling Agency |
|---|---|---|---|
| NONE | | | |

2. Airfields. List any airfields used by your Reserve Command/Center.

| Airfield | Location | Ownership (Service/non-DoD) |
|---|---|---|
| NONE | | |

**Features and Capabilities**

A. Expansion

1. Assuming that your Reserve Command/Center is not constrained by operational funding (i.e. personnel support, increased overhead costs, etc.) with the *present* physical plant, facilities etc., **how many additional reservists could be assigned to your Command/Center?**

This facility could increase 250 drilling Reservist which would only require and increase of one additional drill weekend per month.

2. Describe any investment you see that could significantly increase your capacity to accomplish the Authorized/Directed Drill Utilization missions; include costs, and indicate what additional capacity, in terms of utilization hours per drill period and utilization days per fiscal year.

NONE.

3. List and explain the limiting factors that further funding for personnel, equipment, MILCON, etc. cannot overcome (e.g., environmental restrictions, land areas, scheduling conflicts).

NONE.

## BRAC-95 CERTIFICATION

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

C. L. GONZALEZ, LCDR, USNR
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

18 JUN 94
Date

Division

Department

NAVMARCORESCEN, ERIE, PA
Activity



4607 COPIES

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) | Signature |
| Title | Date |



4607 COPIES

Data Call 48 Activity: NMCRC ERIE, PA

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 | Signature |
| ACTING | 14 JUL 1994 |
| 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. H. DEVAULT, CAPT, USNR
NAME (Please type or print)

Signature

Commander
Title

17 JUN 94
Date

NAVRESREDCOM REG FIVE, Vienna, OH
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)

J. W. FITZGERALD, CAPT, USNR
NAME (Please type or print)

Signature

29 JUN 1994

Commander - Acting
Title

Date

COMNAVSURFRESFOR
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)

JF Hall
Signature

Commander, Naval Reserve Force
Title
4400 Dauphine St.
New Orleans, LA 70146
Activity

7/5/94
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." 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**

| | |
|---|---|
| C. L. GONZALEZ, LCDR, USNR | C L Gonzalez |
| NAME (Please type or print) | Signature |
| COMMANDING OFFICER | 18 JUN 94 |
| Title | Date |
| NAVMARCORESCEN, ERIE, PA | |
| Activity | |



4607 COPIES

Data Call 48

UIC: 61878

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**

| | |
|---|---|
| C. L. GONZALEZ, LCDR, USNR | C L Gonzalez |
| NAME (Please type or print) | Signature |
| COMMANDING OFFICER | 2 Aug 94 |
| Title | Date |
| NAVMARCORESCEN ERIE PA | |
| Activity | |

Data Call 48 UIC: 61878

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. H. DEVAULT, CAPT, USNR
NAME (Please type or print

Signature

Readiness Commander
Title

9 Aug 94
Date

COMNAVRESREDCOM REG FIVE
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)

J. W. FITZGERALD, CAPT, USNR
NAME (Please type of print

Signature

Commander - Acting
Title

22 AUG 1994
Date

COMNAVSURFRESFOR
Activity

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

MAJOR CLAIMANT LEVEL

T. F. HALL, RADM, USN
NAME (Please type or print

Signature

Commander
Title

13 SEP 1994
Date

COMNAVRESFOR
Activity

Chief of Naval Operations (N095)
2000 Navy Pentagon
Washington, DC 20350-2000

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

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

NAME (Please type of print

Signature

Title

Date

-134 ORIGINAL

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

| | |
|---|---|
| **Activity Name:** | NAVMARCORESCEN, ERIE, PA |
| **UIC:** | 61878 |
| **Major Clast Claimant:** | COMNAVRESFOR |

**General Instructions/Background:**

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates. Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

**Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.**

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**General Instructions/Background (Continued):**

**The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:**

Note 1: Throughout this data call, the term "**activity**" is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the "**area defined in response to question 1.b., (page 3)**". Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to "**civilians**" in this data call should reflect **federal civil service appropriated fund employees.**

**1. Workforce Data**

**a. Average Federal Civilian Salary Rate.** Provide the projected FY 1996 average gross annual appropriated fund civil service salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

| | |
|---|---|
| **Average Appropriated Fund Civilian Salary Rate:** | N/A |

| | |
|---|---|
| **Source of Data (1.a. Salary Rate):** | NO CIVILIAN EMPLOYEES AT THIS ACTIVITY |

R 61878

# DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**b. Location of Residence.** Complete the following table to identify where employees live. Data should reflect current workforce.

**1) Residency Table.** Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

| County of Residence | State | No. of Employees Residing in County | | Percentage of Total Employees | Average Distance From Base (Miles) | Average Duration of Commute (Minutes) |
|---|---|---|---|---|---|---|
| | | Military | Civilian | | | |
| ERIE | PA | 22 | 0 | 100% | 10 | 20 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

**2) Location of Government (DoD) Housing.** If some employees of the base live in government housing, identify the county(s) where government housing is located:



R 15 Sep 94

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**b. Location of Residence.** Complete the following table to identify where employees live. Data should reflect current workforce.

**1) Residency Table.** Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

| County of Residence | State | No. of Employees Residing in County | | Percentage of Total Employees | Average Distance From Base (Miles) | Average Duration of Commute (Minutes) |
|---|---|---|---|---|---|---|
| | | Military | Civilian | | | |
| ERIE | PA | 22 | 0 | 90% | 10 | 20 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

**2) Location of Government (DoD) Housing.** If some employees of the base live in government housing, identify the county(s) where government housing is located: N/A. This activity does not have government housing.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**Source of Data (1.b. 1) & 2) Residence Data):** INDIVIDUAL VERIFICATION

**c. Nearest Metropolitan Area(s).** Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

| City | County | Distance from base (miles) |
|---|---|---|
| CLEVELAND | COYAHOUGA | 99 |
| BUFFALO | ERIE | 96 |
| | | |
| | | |
| | | |

**Source of Data (1.c. Metro Areas):** RAND MCNALLY AREA ATLAS & AREA INFORMATION

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**d. Age of Civilian Workforce.** Complete the following table, identifying the age of the activity's civil service workforce.

| Age Category | Number of Employees | Percentage of Employees |
|---|---|---|
| 16 - 19 Years | 0 | 0 |
| 20 - 24 Years | 0 | 0 |
| 25 - 34 Years | 0 | 0 |
| 35 - 44 Years | 0 | 0 |
| 45 - 54 Years | 0 | 0 |
| 55 - 64 Years | 0 | 0 |
| 65 or Older | 0 | 0 |
| TOTAL | 0 | 100 % |

**Source of Data (1.d.) Age Data):** NO CIVIL SERVICE AT THIS ACTIVITY

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

e. **Education Level of Civilian Workforce**

1) **Education Level Table.** Complete the following table, identifying the education level of the activity's civil service workforce.

| Last School Year Completed | Number of Employees | Percentage of Employees |
|---|---|---|
| 8th Grade or less | None | N/A |
| 9th through 11th Grade | None | N/A |
| 12th Grade or High School Equivalency | None | N/A |
| 1-3 Years of College | None | N/A |
| 4 Years of College (Bachelors Degree) | None | N/A |
| 5 or More Years of College (Graduate Work) | None | N/A |
| TOTAL | None | 100 % |

2) **Degrees Achieved.** Complete the following table for the activity's civil service workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

| Degree | Number of Civilian Employees |
|---|---|
| Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.) | None |
| Associate Degree | None |
| Bachelor Degree | None |
| Masters Degree | None |
| Doctorate | None |

Note: We have no assigned civil service employees at this activity.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**Source of Data (1.e.1) and 2) Education Level Data):**

**f. Civilian Employment By Industry.** Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| **1. Agriculture, Forestry & Fishing** | 01-09 | None | N/A |
| **2. Construction** (includes facility maintenance and repair) | 15-17 | None | N/A |
| **3. Manufacturing** (includes Intermediate and Depot level maintenance) | 20-39 | None | N/A |
| 3a. Fabricated Metal Products (include ordnance, ammo, etc.) | 34 | None | N/A |
| 3b. Aircraft (includes engines and missiles) | 3721 et al | None | N/A |
| 3c. Ships | 3731 | None | N/A |
| 3d. Other Transportation (includes ground vehicles) | various | None | N/A |
| 3e. Other Manufacturing not included in 3a. through 3d. | various | None | N/A |

Note: We have no assigned civil service employees at this activity.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| **Sub-Total 3a. through 3e.** | 20-39 | None | N/A |
| **4. Transportation/Communications/Utilities** | 40-49 | None | N/A |
| 4a. Railroad Transportation | 40 | None | N/A |
| 4b. Motor Freight Transportation & Warehousing (includes supply services) | 42 | None | N/A |
| 4c. Water Transportation (includes organizational level maintenance) | 44 | None | N/A |
| 4d. Air Transportation (includes organizational level maintenance) | 45 | None | N/A |
| 4e. Other Transportation Services (includes organizational level maintenance) | 47 | None | N/A |
| 4f. Communications | 48 | None | N/A |
| 4g. Utilities | 49 | None | N/A |
| **Sub-Total 4a. through 4g.** | 40-49 | None | N/A |
| **5. Services** | 70-89 | None | N/A |
| 5a. Lodging Services | 70 | None | N/A |
| 5b. Personal Services (includes laundry and funeral services) | 72 | None | N/A |
| 5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services) | 73 | None | N/A |
| 5d. Automotive Repair and Services | 75 | None | N/A |
| 5e. Other Misc. Repair Services | 76 | None | N/A |
| 5f. Motion Pictures | 78 | None | N/A |
| 5g. Amusement and Recreation Services | 79 | None | N/A |
| 5h. Health Services | 80 | None | N/A |

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| 5i. Legal Services | 81 | None | N/A |
| 5j. Educational Services | 82 | None | N/A |
| 5k. Social Services | 83 | None | N/A |
| 5l. Museums | 84 | None | N/A |
| 5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.) | 87 | None | N/A |
| 5n. Other Misc. Services | 89 | None | N/A |
| **Sub-Total 5a. through 5n.:** | 70-89 | None | N/A |
| **6. Public Administration** | 91-97 | None | N/A |
| 6a. Executive and General Government, Except Finance | 91 | None | N/A |
| 6b. Justice, Public Order & Safety (includes police, firefighting and emergency management) | 92 | None | N/A |
| 6c. Public Finance | 93 | None | N/A |
| 6d. Environmental Quality and Housing Programs | 95 | None | N/A |
| **Sub-Total 6a. through 6d.** | | None | N/A |
| **TOTAL** | | None | 100 % |

**Source of Data (1.f.) Classification By Industry Data):** See note below

Note: We have no assigned civil service employees at this activity.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**g. Civilian Employment by Occupation.** Complete the following table to identify the types of "occupations" performed by civil service employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

| Occupation | Number of Civilian Employees | Percent of Civilian Employees |
|---|---|---|
| **1. Executive, Administrative and Management** | 0 | 0 |
| **2. Professional Specialty** | | |
| 2a. Engineers | 0 | 0 |
| 2b. Architects and Surveyors | 0 | 0 |
| 2c. Computer, Mathematical & Operations Research | 0 | 0 |
| 2d. Life Scientists | 0 | 0 |
| 2e. Physical Scientists | 0 | 0 |
| 2f. Lawyers and Judges | 0 | 0 |
| 2g. Social Scientists & Urban Planners | 0 | 0 |
| 2h. Social & Recreation Workers | 0 | 0 |
| 2i. Religious Workers | 0 | 0 |
| 2j. Teachers, Librarians & Counselors | 0 | 0 |
| 2k. Health Diagnosing Practitioners (Doctors) | 0 | 0 |
| 2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.) | 0 | 0 |

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

| Occupation | Number of Civilian Employees | Percent of Civilian Employees |
|---|---|---|
| 2m. Communications | 0 | 0 |
| 2n. Visual Arts | 0 | 0 |
| **Sub-Total 2a. through 2n.:** | 0 | 0 |
| **3. Technicians and Related Support** | | |
| 3a. Health Technologists and Technicians | 0 | 0 |
| 3b. Other Technologists | 0 | 0 |
| **Sub-Total 3a. and 3b.:** | 0 | 0 |
| **4. Administrative Support & Clerical** | 0 | 0 |
| **5. Services** | | |
| 5a. Protective Services (includes guards, firefighters, police) | 0 | 0 |
| 5b. Food Preparation & Service | 0 | 0 |
| 5c. Dental/Medical Assistants/Aides | 0 | 0 |
| 5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers) | 0 | 0 |
| **Sub-Total 5a. through 5d.** | 0 | 0 |
| **6. Agricultural, Forestry & Fishing** | 0 | 0 |
| **7. Mechanics, Installers and Repairers** | 0 | 0 |
| **8. Construction Trades** | 0 | 0 |
| **9. Production Occupations** | 0 | 0 |
| **10. Transportation & Material Moving** | 0 | 0 |
| **11. Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere) | 0 | 0 |
| **TOTAL** | 0 | 100 % |

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**Source of Data (1.g.) Classification By Occupation Data):** NO CIVIL SERVICE

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate appropriated fund civil service jobs at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

THIS COMMAND DOES NOT HAVE CIVIL SERVICE EMPLOYEES.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**h. Employment of Military Spouses.** Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

| | |
|---|---|
| **1.** Percentage of Military Employees Who Are Married: | 95% |
| **2.** Percentage of Military Spouses Who Work Outside of the Home: | 40% |
| **3.** Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home". | |
| 3a. Employed "On-Base" - Appropriated Fund: | ~~7~~ 25% |
| 3b. Employed "On-Base" - Non-Appropriated Fund: | 0 |
| 3c. Employed "Off-Base" - Federal Employment: | 0 |
| 3d. Employed "Off-Base" - Other Than Federal Employment | ~~8~~ 75% |

DR CWRF 7.14.94

| |
|---|
| **Source of Data (1.h.) Spouse Employment Data):** ASKED THE MILITARY MEMBER WHERE THEIR SPOUSES WERE EMPLOYED. MARRIAGE VERIFIED BY PAGE 2 OF SERVICE RECORD. |

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**2. Infrastructure Data.** For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

**A** - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

**B** - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

**C** - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

**Table 2.a., "Local Communities":** This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

**Table 2.b., "Economic Region":** This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

**For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.**

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

a. **Table A: Ability of the local community to meet the expanded needs of the base.**

1) Using the **A - B - C** rating system described above, complete the table below.

| Category | 20% Increase | 50% Increase | 100% Increase |
|---|---|---|---|
| Off-Base Housing | A | A | A |
| Schools - Public | A | A | A |
| Schools - Private | A | A | A |
| Public Transportation - Roadways | A | A | A |
| Public Transportation - Buses/Subways | A | A | A |
| Public Transportation - Rail | A | A | A |
| Fire Protection | A | A | A |
| Police | A | A | A |
| Health Care Facilities | A | A | A |
| Utilities: | A | A | A |
| Water Supply | A | A | A |
| Water Distribution | A | A | A |
| Energy Supply | A | A | A |
| Energy Distribution | A | A | A |
| Wastewater Collection | A | A | A |
| Wastewater Treatment | A | A | A |
| Storm Water Collection | A | A | A |
| Solid Waste Collection and Disposal | A | A | A |
| Hazardous/Toxic Waste Disposal | A | A | A |
| Recreational Activities | A | A | A |

Remember to mark with an asterisk any categories which are wholly supported on-base.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

NONE

**Source of Data (2.a. 1) & 2) - Local Community Table):**

W. R. CHANDLER - CHAMBER OF COMMERCE - (814)-454-7191

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.**

1) Using the **A - B - C** rating system described above, complete the table below.

| Category | 20% Increase | 50% Increase | 100% Increase |
|---|---|---|---|
| Off-Base Housing | A | A | A |
| Schools - Public | A | A | A |
| Schools - Private | A | A | A |
| Public Transportation - Roadways | A | A | A |
| Public Transportation - Buses/Subways | A | A | A |
| Public Transportation - Rail | A | A | A |
| Fire Protection | A | A | A |
| Police | A | A | A |
| Health Care Facilities | A | A | A |
| Utilities: | A | A | A |
| Water Supply | A | A | A |
| Water Distribution | A | A | A |
| Energy Supply | A | A | A |
| Energy Distribution | A | A | A |
| Wastewater Collection | A | A | A |
| Wastewater Treatment | A | A | A |
| Storm Water Collection | A | A | A |
| Solid Waste Collection and Disposal | A | A | A |
| Hazardous/Toxic Waste Disposal | A | A | A |
| Recreation Facilities | A | A | A |

Remember to mark with an asterisk any categories which are wholly supported on-base.

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "**C**" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

NONE

**Source of Data (2.b. 1) & 2) - Regional Table):**

W. R. CHANDLER - CHAMBER OF COMMERCE - (814) 454-7191

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**3. Public Facilities Data:**

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units: 75 - 150 RENTAL UNITS AT ANYTIME

Units for Sale: 850 - 1200 UNITS FOR SALE AT ANYTIME

| **Source of Data (3.a. Off-Base Housing):** |
|---|

JERRY - CALDWELL BANKERS REAL ESTATE - (814) 838-2299

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

| School District | County | Number of Schools | | | Enrollment | | Pupil-to-Teacher Ratio | | Does School District Serve Gov't Housing Units? * |
|---|---|---|---|---|---|---|---|---|---|
| | | Elementary | Middle | High | Current | Max. Capacity | Current | Max. Ratio | |
| ERIE | | 14 | 3 | 4 | N/A | N/A | N/A | N/A | N/A |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

N/A DUE TO SUPERINTENDENT NOT BEING ABLE TO GET INFORMATION BY DEADLINE

**Source of Data (3.b.1) Education Table):**

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

NONE

**Source of Data (3.b.2) On-Base Schools):**

HANK GREGGO - SUPERINTENDENT - (814) 871-6296

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

GANNON - CERT. ASSO. BACH & GRAD - MONICA - (814) 871-7240

MERCYHURST - ASSOC. BACH & GRAD - ROBERTA - (814) 824-2202

**Source of Data (3.b.3) Colleges):**

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

ERIE INSTITUTE OF TECHNOLOGY
ELECTRONIC ENGINEERING TECHNOLOGY AST DEGREE
ELECTRONIC TECHNOLOGY DIPLOMA

TRIANGLE TECH
ARCHITECTURAL OR MECHANICAL CADD
MAINTENANCE ELECTRICITY AND CONSTRUCITON

**Source of Data (3.b.4) Vo-tech Training):**

PHONE BOOK

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

1) Is the activity served by public transportation?

| | Yes | No |
|---|---|---|
| Bus: | X | |
| Rail: | | X |
| Subway: | | X |
| Ferry: | | X |

**Source of Data (3.c.1) Transportation):** PERSONAL OBSERVATION

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

2 MILES, AMTRAK STATION

**Source of Data (3.c.2) Transportation):** (814) 452-2177

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

ERIE INTERNATIONAL AIRPORT, 7 MILES

**Source of Data (3.c.3) Transportation):** RAND MCNALLY ROAD ATLAS

4) How many carriers are available at this airport?

2

**Source of Data (3.c.4) Transportation):** AIRPORT AUTHORITY (814) 833-4258

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway? I-90, 3 MILES

| | |
|---|---|
| **Source of Data (3.c.5) Transportation):** | RAND MCNALLY ROAD ATLAS AND GOVERNMENT VEHICLE ODOMETER |

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

2 LANE STATE HIGHWAY, NO PROBLEMS WITH INGRESS AND EGRESS

b) Do access roads transit residential neighborhoods?

NO

c) Are there any easements that preclude expansion of the access road system?

ELECTRICAL LINES, WATER & SEWER LINES

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

NO

| | |
|---|---|
| **Source of Data (3.c.6) Transportation):** | PERSONAL OBSERVATION |

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service. YES, THE CITY OF ERIE FIRE DEPARTMENT. THEY RESPOND TO ALL FIRE ALARMS.

| **Source of Data (3.d. Fire/Hazmat):** N61878-94-M-1007 |
|---|

e. **Police Protection.**

AMC
CNSRF
331
7 JUL 94

1) What is the level of legislative jurisdiction held by the installation?

~~NONE~~ CONCURRENT

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

ARMORY-USMCR

~~NO~~ EXCLUSIVE

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

NO

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

NO

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

NO

| **Source of Data (3.e. 1) - 5) - Police):** THIS COMMAND DOES NOT HAVE AN ON-BASE SECURITY FORCE. / CNRF 003 |
|---|

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Yes, NAVFAC administered Contract for Utility Services.

| | | |
|---|---|---|
| ELECTRIC | N62472-71-C-8088 | Pennsylvania Electric Co. |
| NAT'L GAS | N62472-75-M-8138 | National Fuel Gas Distribution Co. |
| WATER/SEWER | N62472-71-M-8016 | City of Erie, Bureau of Water |
| PHONE | N62472-71-C-8018 | GRE North |
| REFUSE | N62472-91-M-6107 | Browing Ferris Industries |

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

No, rationing has not occurred and is not anticipated.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

No, Significant disruptions have not occurred and are not anticipated.

**Source of Data (3.f. 1) - 3) Utilities):** CENTER SUPPLY FILES

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

| Employer | Product/Service | No. of Employees |
|---|---|---|
| 1. GE | LOCOMOTIVE | 6,000 |
| 2. HAMOT HEALTH FOUNDATION | MEDICAL | 2,755 |
| 3. MILLCREEK MALL MERCHANT ASSOC. | SHOPPING MALL | 2,500 |
| 4. SAINT VINCENT HEALTH CENTER | HOSPITAL | 2,191 |
| 5. LORD CORPORATION | AREOSPACE INDUST. PROD. | 1,970 |
| 6. PLASTEK INDUSTRIES | PRECISION MOLD& PLASTIC | 1,700 |
| 7. ERIE INSURANCE GROUP | INSURANCE (LIFE/PROPERTY) | 1,655 |
| 8. AMERICAN STERILIZER | HOSPITAL EQUIPMENT | 1,532 |
| 9. ERIE SCHOOL DISTRICT | TEACHING | 1,400 |
| 10.INTERNATIONAL PAPER COMPANY | FINE WRITING/PAPER PRO. | 1,400 |

**Source of Data (4. Business Profile):** ERIE CHAMBER OF COMMERCE

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

   a. Loss of Major Employers: NONE.

   b. Introduction of New Businesses/Technologies: WALMART, WEGMANS, ALDI

   c. Natural Disasters: NONE.

   d. Overall Economic Trends: ARE ON THE UPRISE.

**Source of Data (5. Other Socio/Econ):** ERIE CHAMBER OF COMMERCE

6. **Other.** Identify any contributions of your activity to the local community not discussed elsewhere in this response. NONE.

**Source of Data (6. Other):** PER COMMAND RECORDS

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

NEXT ECHELON LEVEL (if applicable)

D. M. SCHORN CDR USNR
NAME (Please type or print

D M Schorn
Signature

COMMANDER - ACTING
Title

7 July 1994
Date

NAVAL RESERVE READINESS COMMAND REGION SIX
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)

JOHN B. BELL CAPT USNR
NAME (Please type of print

John B Bell
Signature

COMMANDER ACTING
Title

11 JUL 1994
Date

COMNAVSURFRESFOR
Activity

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

MAJOR CLAIMANT LEVEL

T. F. HALL
NAME (Please type or print

TF Hall
Signature

Commander, Naval Reserve Force
Title

7/25/94
Date

4400 Dauphine St.
New Orleans, LA 70146
Activity

and: Chief of Naval Operations (N095)
2000 Navy Pentagon
Washington, DC 20350-2000

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

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

NAME (Please type of print

Signature

Title

Date

ORIGINAL

## 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

C. L. GONZALEZ, LCDR, USNR
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

30 JUN 94
Date

NAVMARCORESCEN, ERIE
Activity

4607 COPIES

**BRAC-95 CERTIFICATION**

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

C. L. GONZALEZ, LCDR, USNR
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

30 JUN 94
Date

Division

Department

NAVMARCORESCEN, ERIE
Activity

4607 COPIER

Data Call 65

UIC 61878

4297 COPIER

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

**NEXT ECHELON LEVEL** (if applicable)

J.N. McCARTHY, CDR USNR
NAME (Please type or print)

JN McCarthy
Signature

COMMANDER - ACTING
Title

01 SEPTEMBER 1994
Date

NAVAL RESERVE READINESS COMMAND REGION SIX
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)

JOHN B. BELL, CAPT, USNR
COMMANDER - ACTING
COMNAVSURFRESFOR

Signature

30 SEP 1994
Date

Activity

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

CNO / **MAJOR CLAIMANT LEVEL**

T. F. HALL
NAME (Please type or print)

TF Hall
Signature

COMMANDER NAVAL RESERVE FORCE
Title

10/13/94
Date

DIRECTOR OF THE NAVAL RESERVE (CNO N095)
Activity

REPRODUCED AT GOVERNMENT EXPENSE

Data Cycle 65

61878

4297

## 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

C. L. GONZALEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

1 SEP 94
Date

NAVMARCORESCEN ERIE PA
Activity

4607

734

# DATA CALL 66
# INSTALLALATION RESOURSES

**Activity Information:**

| | |
|---|---|
| Activity Name: | TRUCK CO, HQBN ERIE PA |
| UIC: | 45322 |
| Host Activity Name (if response is for a tenant activity): | NMCRC ERIE |
| Host Activity UIC: | 61432 |

General Instructions/Background. A separte response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separtely 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 bugdet data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separtely 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). 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 budget 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 activity 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:** TRUCK CO, HQBN ERIE PA | | **UIC:** 45322 | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | $610.00 | 0.00 | $610.00 |
| 1b. Minor Construction | 0.00 | 0.00 | 0.00 |
| **1c. Sub-total 1a. and 1b.** | **$610.00** | 0.00 | **$610.00** |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | $13,529.80 | 0.00 | $13,529.8 |
| 2b. Transportation | $15,738.00 | 0.00 | $15,738.0 |
| 2c. Environmental | $0.00 | 0.00 | $0.0 |
| 2d. Facility Leases | $0.00 | 0.00 | $0.0 |
| 2e. Morale, Welfare & Recreation | $0.00 | 0.00 | $0.0 |
| 2f. Bachelor Quarters | $4,270.00 | 0.00 | $4,270.0 |
| 2g. Child Care Centers | $0.00 | 0.00 | $0.00 |
| 2h. Family Service Centers | $0.00 | 0.00 | $0.00 |
| 2i. Administration | $14,152.00 | 0.00 | $14,152.0 |
| 2j. Other (Specify) | $6,100.00 | 0.00 | $6,100.0 |
| **2k. Sub-total 2a. through 2j :** | **$53,789.80** | 0.00 | **$53,789.8** |
| **3. Grand Total (sum of 1c. and 2k.) :** | **$54,399.80** | 0.00 | **$54,399.80** |

**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:

| Appropriation | Amount ($000) |
|---|---|
| N/A | |

**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.

Enclosure (5)

# DATA CALL 66
# INSTALLATION RESOURCES

| Table 1B - Base Operating Support Costs (DBOF Overhead) | | | |
|---|---|---|---|
| **Activity Name:** TRUCK CO, HQBN ERIE PA | | **UIC:** 45322 | |
| **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 |
| 1e. 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 |
| 2m. Sub-total 2a. through 2l: | | | N/A |
| **3. Depreciation** | | | N/A |
| **4. Grand Total (sum of 1c., 2m., and 3.):** | | | N/A |

## 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-heading 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. Reger 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 identifed. 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:** TRUCK CO, HQBN ERIE PA | **UIC:** 45322 |
|---|---|
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | $508.69 |
| **Material and Supplies (including equipment):** | $6,275.64 |
| **Industrial Fund Purchases (other DBOF purchases):** | $0.00 |
| **Transportation:** | $41,576.23 |
| **Other Purchases (Contract support, etc.):** | $6,039.23 |
| **Total:** | $54,399.80 |

## 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 estimat 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. **See note.

| **Table 3 - Contract Workyears** | |
|---|---|
| **Activity Name:** TRUCK CO, HQBN ERIE PA | **UIC:** 45322 |
| **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.

** Contract workyears are insignificant and not recoverable.

**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.?** See Note.

N/A

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

Note: **Contract workyears are insignificant and not recoverable.

Enclosure (5)

**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**):

**See Note

| 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 Eliminated | General Type of Work Performed on Contract (e.g., (engineering support, technical services, etc.) |
|---|---|
| *N/A | |

Note: **Contract workyears are insignificant and not recoverable.

Enclosure (5)

BRAC-95 CERTIFICATION
DATA CALL: 66
INSTALLATION RESOURCES

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. The attached 191 formats represent the MARRESFOR site submissions for BRAC 66.

LtCol Steven J. Gaffney
NAME

SIGNATURE

Assistant Chief of Staff, Comptroller
TITLE

20 Sept '94
DATE

Comptroller
DEPARTMENT

MARRESFOR
ACTIVITY

Enclosure (2)

BRAC-95 CERTIFICATION
DATA CALL: 66
INSTALLATION RESOURCES

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. The attached 191 formats represent the MARRESFOR site submissions for BRAC 66.

J. E. LIVINGSTON
NAME

SIGNATURE

COMMANDING GENERAL
TITLE

26 Sep 94
DATE

COMMAND
DEPARTMENT

MARRESFOR
ACTIVITY

Enclosure (1)

Data Call 66
MARRESFOR

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 of print

Signature

Title

Date

Activity

In certify that the information 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 belief.

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

J.A. BRABHAM
LIEUTENANT GENERAL, MARINE CORPS
DEPUTY CHIEF OF STAFF
INSTALLATIONS AND LOGISTICS

NAME (Please type of print

Signature

Title

10/20/94

Date

-131

# DATA CALL 66
# INSTALLATION RESOURCES

**Activity Information:**

| | |
|---|---|
| Activity Name: | N&MCRC ERIE, PA |
| UIC: | 61878 |
| Host Activity Name (if response is for a tenant activity): | |
| Host Activity UIC: | |

**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.**

| **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)** | | | |
|---|---|---|---|
| **Activity Name:** N&MCRC ERIE, PA | | **UIC:** 61878 | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 16 | | 16 |
| 1b. Minor Construction | | | |
| **1c. Sub-total 1a. and 1b.** | 16 | | 16 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 12 | | 12 |
| 2b. Transportation | | | |
| 2c. Environmental | | | |
| 2d. Facility Leases | | | |
| 2e. Morale, Welfare & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Service Centers | | | |
| 2i. Administration | 16 | | 16 |
| 2j. Other (Specify) - Basecomm | 5 | | 5 |
| **2k. Sub-total 2a. through 2j:** | 33 | | 3 |
| **3. Grand Total (sum of 1c. and 2k.):** | 49 | | 49 |

**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:

| Appropriation | Amount ($000) |
|---|---|
| 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 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

N/A

| Table 1B - Base Operating Support Costs (DBOF Overhead) | | | |
|---|---|---|---|
| **Activity Name:** N&MCRC ERIE, PA | | **UIC:** 61878 | |
| **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:** N&MCRC ERIE, PA | **UIC:** 61878 |
|---|---|
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | 4 |
| **Material and Supplies (including equipment):** | 7 |
| **Industrial Fund Purchases (other DBOF purchases):** | 4 |
| **Transportation:** | |
| **Other Purchases (Contract support, etc.):** | 34 |
| **Total:** | 49 |

## 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. N/A

| **Table 3 - Contract Workyears** | |
|---|---|
| **Activity Name:** N&MCRC ERIE, PA | **UIC:** 61878 |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | |
| Facilities Support: | |
| Mission Support: | |
| Procurement: | |
| Other:* | |
| **Total Workyears:** | |

*** 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)): 0

2) Estimated number of workyears which would be eliminated: 0

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

**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.) |
|---|---|
| 0 | |

| No. of Additional Contract Workyears Which Would Be Relocated | General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.) |
|---|---|
| 0 | |

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

T. F. HALL, RADM, USN

NAME (Please type or print)

Signature: TF Hall

COMMANDER NAVAL RESERVE FORCE

Title

Date: 7/14/94

COMNAVRESFOR, WASHINGTON, D.C.

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) _____ Signature _____

Title _____ Date _____

BRAC-95 CERTIFICATION

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

P. M. NIGH

NAME (Please type or print)

Signature

DEPUTY CHIEF OF STAFF

Title

7/13/94

Date

CODE 06

Division

FINANCIAL MANAGEMENT

Department

COMMANDER NAVAL RESERVE FORCE

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

T. F. HALL, RADM, USN

NAME (Please type or print)

Signature: TF Hall

COMMANDER NAVAL RESERVE FORCE

Title

Date: 7/14/94

COMNAVRESFOR, WASHINGTON, D.C.

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)

W. A. EARNER

NAME (Please type or print)

Signature: W A Earner

Title

Date: 8/8/94

# Document Separator

DATA CALL 63
FAMILY HOUSING DATA

7 34

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

| | |
|---|---|
| Installation Name: | NMCRC Erie PA |
| Unit Identification Code (UIC): | 61878 |
| Major Claimant: | COMNAVRESFOR |

| | |
|---|---|
| Percentage of Military Families Living On-Base: | 0 |
| Number of Vacant Officer Housing Units: | 0 |
| Number of Vacant Enlisted Housing Units: | 0 |
| FY 1996 Family Housing Budget ($000): | 0 |
| Total Number of Officer Housing Units: | 0 |
| Total Number of Enlisted Housing Units: | 0 |

**Note:** All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

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

MAJOR CLAIMANT LEVEL

**J. E. BUFFINGTON, RADM, CEC, USN**
NAME (Please type or print)

Signature

**COMMANDER**
Title

7/20/94
Date

**NAVAL FACILITIES ENGINEERING COMMAND**
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)

W. A. EARNER

NAME (Please type or print)

Signature

Title

7/25/94
Date

## BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

### ACTIVITY COMMANDER

W.A. Waters, CAPT, CEC, USN
NAME (Please type of print)

Signature

Commanding Officer
Title

7/7/94
Date

NORTHNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

Sandra B. Culbertson
NAME (Please type or print)

Sandra B. Culbertson
Signature

Housing Management Specialist
Title

7/6/94
Date

Division

Housing/Real Estate
Department

NORTHNAVFACENGCOM
Activity

Enclosure (1)

# 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: Naval and Marine Corps Reserve Center, Erie, PA

| | |
|---|---|
| Official name | Naval and Marine Corps Reserve Center, Erie, PA |
| Acronym(s) used in correspondence: | NAVMARCORESCEN, Erie or N&MCRC, Erie |
| Commonly accepted short titles | NAVMARCORESCEN, Erie |

* Complete mailing address: 3938 Old French Road, Erie, PA 16509-2098

* PLAD: NAVMARCORESCEN ERIE PA

* PRIMARY UIC: 61878 (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 X No ___ (check one)

Activity: 61878

**Data Call 1:** General Installation Information, continued

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 X 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.

Yes ___ No X (check one)

Primary Host (current) UIC: _____

Primary Host (as of 01 Oct 1995) UIC: _____

Primary Host (as of 01 Oct 2001) UIC: _____

* **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 | | |

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. Yes, BRAC-93. This command received an additional unit, NMCB 20 DET 1120 from Jamestown Reserve Center. This command has placed 25 non-seabee reservists from NRC Jamestown in pay billets. This command is currently under COMNAVRESREDCOM REG FIVE and will be changing to COMNAVRESREDCOM REG SIX on 1 July 1994.

Activity: 61878

**Data Call 1:** General Installation Information, continued

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

* TRAINING DEPARTMENT: Coordinate the training requirements of active duty commands, gaining commands and the individual Selected Reservist. Budget training resource funds to provide for Train-The-Trainer, IDTT, Exportable Training, Off site training IDT and CAT Training. Maintain training media that is used to facilitate training at this facility. Build readiness to better support the total reserve force.

* ADMINISTRATIVE DEPARTMENT: To give administrative support to all reserve and active duty personnel.

* PERSONNEL DEPARTMENT: Provide customer service, reenlistment/extensions. Maintain service records of Selective Reservists. Receipts, transfers and discharges.

* RESERVE PAY DEPARTMENT: Submission, verification and correction of pay for Selected Reserve personnel.

* MEDICAL DEPARTMENT: To ensure all Selected Reserve and Staff are mobilization ready, by updating medical tests, physical and dental exams on a periodic basis.

* SUPPLY DEPARTMENT: Provide berthing requirements for reservists geographically over 50 miles. Logistically support the reserve center with purchase of consumables and facility requirements. Provide all equipage and accountability to the center commanding officer (CEIS).

Projected Missions for FY 2001

*

*

*

*

*

THE EXPECTED NUMBER OF SELRES WILL INCREASE DUE TO PLANNED UNIT RELOCATIONS RESULTING FROM ANTICIPATED SURFACE ACTIVITY CLOSURES.

EWM CNSRF 2FEB93

Activity: 61878

**Data Call 1:** General Installation Information, continued

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

* N/A
*
*

Projected Unique Missions for FY 2001

* To provide for one additional unit, NMCB 20 DET 1120.
*
*

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 |
| COMNAVRESREDCOM REG FIVE | 68329 |
| * Funding Source | UIC |
| COMNAVRESREDCOM REG SIX | 68306 |

Activity: 61878

**Data Call 1:** General Installation Information, continued

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 | 1 | 8 | 0 |
| *Tenants (total) | 1 | ~~13~~ 14 | 2 |
| *SELRES | 35 | 484 | 2 |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| *Reporting Command | 1 | ~~87~~ | 0 |
| *Tenants (total) | 2 | ~~13~~ 14 | 2 |
| *SELRES | 35 | 494 | 21 |

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.

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| * CO | | | |
| C. L. GONZALEZ, LCDR | 814-866-3073 | 814-864-8749 | 814-825-6857 |
| * Duty Officer | BEEPER # 814-870-9458 | | |
| M. HANSEN, HTC(SW) | 814-866-3073 | 814-864-8749 | 814-825-5553 |

Activity: 61878

**Data Call 1:** General Installation Information, continued

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 |
|---|---|---|---|---|
| I&I | 45322 | 1 | 10 | 0 |
| (HQ) 4-92 FA BN | WRL2TO | 0 | 4 | 2 |

* 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 | | | | | |

Activity: 61878

**Data Calls 1:** General Installation Information, continued

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.) |
|---|---|---|
| N/A | | |
| e.g. DLA (DoD Agency Name) | Somewhere, CA | Purchasing/ contract Administration and public works support - ISSA. |
| N/A | | |
| USAF (Other Military Dept) | Anywhere AFB | warehouse space - MOU. |
| N/A | | |

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.)

## 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**

C. L. GONZALEZ, LCDR
NAME (Please type or print)

C L Gonzalez
Signature

COMMANDING OFFICER
Title

25 JAN 94
Date

NAVMARCORESCEN ERIE, PA
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

15 Feb 1994
Date

RC5 ERIE

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. H. DEVAULT
NAME (Please type or print)

R. H. DeVault
Signature

Readiness Commander
Title

28 Jan 94
Date

NAVRESREDCOM REG FIVE
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)

J. W. FITZGERALD
NAME (Please type or print)

Signature

Commander - Acting
Title

2 Feb 94
Date

COMNAVUSRFRESFOR
Activity

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

**MAJOR CLAIMANT LEVEL**

T. F. HALL
NAME (Please type or print)

T. F. Hall
Signature

Commander, Naval Reserve Force
Title

2/10/94
Date

4400 Dauphine St.
New Orleans, LA 70146
Activity

Document Separator

NMCRL ERIE, PA 734

## ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Provide a list of the tenant activities with UICs that are covered in this response.

I+I ~~(HQ) 4-92 PA BA~~ 45322
(HQ) 4/92 FA BN WR2270

NMCRC ERIE, PA **ORIGINAL**

## 1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

**1a.** For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

| SPECIES (plant or animal) | Designation (Threatened/ Endangered) | Federal/ State | Critical / Designated Habitat (Acres) | Important Habitat (acres) |
|---|---|---|---|---|
| *example: Haliaeetus leucocephalus - bald eagle* | *threatened* | *Federal* | *25* | *0* |
| NONE - N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CWRF
OIE
6/4/94

Source Citation:_____

**1b.**

| | |
|---|---|
| Have your base operations or development plans been constrained due to:<br>- USFWS or National Marine Fisheries Service (NMFS)?<br>- State required modifications or constraints?<br>If so, identify below the impact of the constraints including any restrictions on land use. | ~~YES~~/NO |
| Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints. | ~~YES~~/NO |

## 2. WETLANDS

**Note:** Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

**2a.**

| | |
|---|---|
| Does your base possess federal jurisdictional wetlands? | ~~YES~~/NO |
| Has a wetlands survey in accordance with established standards been conducted for your base? | ~~YES~~/NO |
| When was the survey conducted or when will it be conducted?____/____/____ | |
| What percent of the base has been surveyed? | |
| What is the total acreage of jurisdictional wetlands present on your base? | |

Source Citation:_____

**2b.** If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map.

**2c.** Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland?____NO____If YES, summarize the results of such modifications or constraints.

## 3. CULTURAL RESOURCES

**3a.**

| | |
|---|---|
| Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below. | ~~YES~~/NO |

**4b.** If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

**4c.**

| Does your base have any disposal, recycling, or incineration facilities for solid waste? | | | | | ~~YES~~ / NO |
|---|---|---|---|---|---|
| **Facility/Type of Operation** | **Permitted Capacity** | **Ave Daily Throughput** | **Maximum Capacity** | **Permit Status** | **Comments** |
| | | | | | |
| | | | | | |
| | | | | | |

List any permit violations and projects to correct deficiencies or improve the facility.

**4d.**

| Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ? | | | | | ~~YES~~ / NO |
|---|---|---|---|---|---|
| **ID/Location of WWTP** | **Permitted Capacity** | **Ave Daily Discharge Rate** | **Maximum Capacity** | **Permit Status** | **Level of Treatment/Year Built** |
| | | | | | |
| | | | | | |
| | | | | | |

List permit violations and discuss any projects to correct deficiencies.

**4e.** If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

Ave Discharge Rate, 41,100 cubic feet per month. No violations.

4j.

| | |
|---|---|
| Does the presence of contaminants or lack of supply of water constrain base operations. Explain. | ~~YES~~/NO |

4k.

| | |
|---|---|
| Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions. | ~~YES~~/NO |
| If NO, why not and provide explanation of plan to achieve permitted status. | |

4l.

| | YES/NO |
|---|---|
| Does your base have bilge water discharge problem? | NO |
| Do you have a bilge water treatment facility? | NO |

Explain:

4m.

| | |
|---|---|
| Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain. | ~~YES~~/NO |

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain. Yes. currently

An oilily waste water separator is scheduled for construction at this facility. Design completed but not yet approved. Upon approval construction will begin.

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. NO.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

| | Emission Sources (Tons/Year) | | | | |
|---|---|---|---|---|---|
| Pollutant | Permitted Stationary | Personal Automobiles | Aircraft Emissions | Other Mobile | Total |
| CO | | | | | |
| NOx | | | | | |
| VOC | | | | | |
| PM10 | | | | | |

Source Document: _____

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

| | Emissions Sources (Tons/Year) | | | | |
|---|---|---|---|---|---|
| Pollutant | Permitted Stationary | Personal Automobiles | Aircraft Emissions | Other Mobile | Total |
| CO | | | | | |
| NOx | | | | | |
| VOC | | | | | |
| PM10 | | | | | |

Source Document: _____

## 6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the two year totals for those FY's.

| Program | Survey Com-pleted? | Costs in $K to correct deficiencies | | | | | |
|---|---|---|---|---|---|---|---|
| | | FY1994 | FY1995 | FY1996 | FY1997 | FY98-99 | FY00-01 |
| Air | NO | | | | | | |
| Hazardous Waste | NO | | | | | | |
| Safe Drinking Water Act | NO | | | | | | |
| PCBs | NO | | | | | | |
| Other (non-PCB) Toxic Substance Control Act | NO | | | | | | |
| Lead Based Paint | NO | | | | | | |
| Radon | NO | | | | | | |
| Clean Water Act | NO | | | | | | |
| Solid Waste | NO | | | | | | |
| Oil Pollution Act | NO | | | | | | |
| USTs | NO | | | | | | |
| Other | NO | | | | | | |
| Total | | | | | | | |

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.
Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 100% Are additional surveys planned? NO What is the estimated cost to remediate asbestos ($K) _____. Are asbestos survey costs based on encapsulation, removal or a combination of both?

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

| Funding Source | FY1992 | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY98-99 | FY00-01 |
|---|---|---|---|---|---|---|---|---|
| O&MN | | | | | | | | |
| HA | | | | | | | | |
| PA | | | | | | | | |
| Other O&MN (specify) | | | | | | | | |
| Other (specify) | | | | | | | | |
| TOTAL: | N/A | | | | | | | |

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.

## 7. INSTALLATION RESTORATION

7a.

| | |
|---|---|
| Does your base have any sites that are contaminated with hazardous substances or petroleum products? | YES/NO |
| Is your base an NPL site or proposed NPL site? | NO |

CNRF DIEI JJB 6/4/94

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

| Site # or name | Type site [1] | Groundwater Contaminated? | Exceeds off base? | Drinking Water Source? | Cost to Complete ($M)/Est. Compl. Date | Status[2]/Comments |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

[1] Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List.

7d.

| | |
|---|---|
| Is there a groundwater treatment system in place? | ~~YES~~/NO |
| Is there a groundwater treatment system planned? | ~~YES~~/NO |

State scope and expected length of pump and treat operation.

7e.

| | |
|---|---|
| Has a RCRA Facilities Assessment been performed for your base? | ~~YES~~/NO |

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions. No.

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions. No.

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status. No.

7i.

| | |
|---|---|
| Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below. | No |

**7j.** Have any base operations or development plans been restricted due to Installation Restoration considerations? NO

**7k.** List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions. NONE

## 8. LAND / AIR / WATER USE

**8a.** List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

| Parcel Descriptor | Acres | Location |
|---|---|---|
| NMCAS EBB | 4.92 | SOUTH WEST EGLIN FA |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

8b. Provide the acreage of the land use categories listed in the table below:

| LAND USE CATEGORY | | ACRES |
|---|---|---|
| Total Developed: (administration, operational, housing, recreational, training, etc.) | | 100% 4.40 acres |
| Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.) | | Wetlands: None |
| | | All Others: None |
| Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL | | None |
| Total Undeveloped land considered to be without development constraints | | .51 acres |
| Total Off-base lands held for easements/lease for specific purposes | | |
| Breakout of undeveloped, restricted areas. Some restricted areas may overlap: | ESQD | N/A |
| | HERF | N/A |
| | HERP | N/A |
| | HERO | N/A |
| | AICUZ | N/A |
| | Airfield Safety Criteria | N/A |
| | Other | N/A |

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 6,500 (sy)

8d. What is the date of your last AICUZ update? N/A /____/____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth.

8h.

| | |
|---|---|
| Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations. | No |
| Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations. | No |
| Are the dredged materials considered contaminated? List known contaminants. | No |

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans.** None, Coastal Site.

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion. None

8k.

| | |
|---|---|
| If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions. | ~~YES~~/NO |

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved.

# BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

## ACTIVITY COMMANDER

C. L. GONZALEZ
NAME (Please type of print)

C L Gonzalez
Signature

COMMANDING OFFICER
Title

17 MAY 94
Date

NAVMARCORESCEN, ERIE, PA
Activity

Erie, PA

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. H. DEVAULT, CAPT, USNR
NAME (Please type or print

R. H. Devault
Signature

COMMANDER
Title

23 MAY 94
Date

NAVRESREDCOM REG FIVE
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)

J. W. FITZGERALD, CAPT, USNR
NAME (Please type of print

J W Fitzgerald
Signature

COMMANDER - ACTING
Title

7 JUN 1994
Date

COMNAVSURFRESFOR
Activity

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

MAJOR CLAIMANT LEVEL

T. F. HALL
NAME (Please type or print

T F Hall
Signature

~~Commander, Naval Reserve Force~~
Title

7 JUN 1994
Date

4400 Dauphine St.
New Orleans, LA 70146
Activity

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

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

P. W. DRENNON
NAME (Please type of print

Signature

ACTING
Title

6/24/94
Date

734

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
RESERVE CENTER: NAVMARCORESCEN, ERIE, PA
ACTIVITY UIC: 61878

ORIGINAL

Category..... Personnel Support
Subcategory.....ReserveTraining Centers
Type.....Navy and Marine Corps Reserve Training Centers

Orgin

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

Enclosure [1]

TABLE OF CONTENTS

Data for Military Value

Introduction .....1

MISSION REQUIREMENTS

Mission Statement ..... 3

A. Authorized/Directed Drill Utilization

1. Utilization ..... 4
2. Off-Site and Audio Visual Instruction .....5

3. Off-Site and Audio Visual Instruction Additions .....6

4. Utilization requiring special/unique facilities.....6

B. Other Support

1. Client/Customer Base

a. Units assigned .....7

b. Other Units that utilize the Reserve Command/Center.....7

c. Where Unit drills .....8

d. Not Assigned utilization ..... .....8

e. Contributory (Peacetime) Support .....8

2. Demographics

a. Travel Distance to Reserve Command/Center.....8

b. Other Reserve Command/Centers within 100 miles.....8

c. Other Reserve Command/Centers beyond 100 miles.....8

d. Reserve Command/Centers in the state.....9

e. Other Guard, Reserve facilities .....10

4297 COPIES

f. Waiting for billets .....10

g. Unique Demographic impacts on recruiting.....10
h. Unique Demographic impact on outside recruiting.....10

i. Other military support missions.....10

j. Any new missions planned.....10

k. Other Non-Military Support

1. Role in disaster assistance.....11

2. Direct support to agencies.....11

3.. Any new non-DoD missions planned .....11

FACILITIES

A. Facility Description

1. Facility type and condition.....12

2. Facility square footage.....13

3. NAVFACINST 11010.44E.....13

4. Outside utilization.....14

6. Marine Corps Reserve Vehicles & Equipment.....15

7. Other Training Buildings.....16

9. Authorized/Directed Drill Utilization outside of buildings.....17

10. Equipment Utilized.....18

11. Unusable Areas.....19

12. Limited Use Areas.....19

a. Restricted Use.....19

Berthing Capacity Module.....20

4297

Weapons and Munitions Module.....25
Location
1. Proximity to Reservists.....29
2. Proximity to Transportation Nodes..... 29
3. Proximity to Mobilization Sites..... 29
Weather.....30
Features and Capabilities.....31
Ability for Expansion..... 32
Quality of Life Module.....35

4297

## Introduction

1. Purpose. This introduction provides general instructions for replying to this data call; individual questions and footnotes give specific instructions for completion of tables, computations, etc.

2. References

a. Refer to the NAVFAC P-72 for Facility (drill space) Category Code Numbers (CCNs).

b. Refer to the NAVFAC P-72 for Facility Category Code Numbers (CCNs).

c. NAVFAC P-80 provides a discussion of the general nature of each CCN; use it to delineate "types" of facilities that share a common CCN.

d. Refer to NAVFACINST 11010.44E for definition of adequate, substandard, and inadequate facilities.

3. Definition of Terms. For purposes of this data call the following apply:

a. A **Course of Instruction** (i.e. Navy Rights and Responsibilities Workshop, Operations Security ) comprises one or more individual contact periods (classes).

b. A **Facility** is a space (e.g. a room), a defined area (e.g. a range), a structure (e.g. a building), or a structure other than a building (e.g. an obstacle course); it is possible for a building to house one or more facilities of different types.

4. Coordinating Instructions

a. Enter the primary UIC *of the data call respondent* at the bottom of each page of the response; ensure that additional pages created include this identifier.

b. Where information about current facilities available is requested, include MILCON projects that are not BRAC related, which have been authorized and appropriated and for which contracts are to be awarded by 30 September 1994; *do not* include projects submitted in the FY 95 Presidential Budget. Proposed MILCON projects in support of previous BRAC decisions should be included in response by gaining activities but excluded from closing or losing activities.

c. If any of the information requested is subject to change between now and the end of Fiscal Year 2001 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

d. Tenant activities of a Reserve Training Center that use space must be

4297

accounted for under the Reserve Command/Center UIC for all courses taught and classroom space utilized.

e. Unless specified otherwise, "throughput" figures should include that from all sources (DON, other DoD, reserve and/or active components, and non-DoD).

f.. Use "N/A" to respond to a question and/or table that does not apply; **provide the reason(s) why it is not applicable.**

i. Provide best estimates where projections of future requirements are requested.

4297

## MISSION REQUIREMENTS

Mission Statement: State the mission of this Reserve Command/Center in sufficient detail that it can be distinguished from other Reserve facilities.

To conduct training and support the execution of training by assigned Reserve personnel and units, train and maintain assigned personnel and equipment in a state of readiness and availability which will permit rapid employment in the event of partial or full mobilization. Manage assigned resources, and provide administrative and logistic support to assigned Reserve units and Reservists. Coordinate training and administration of the Naval Reserve Program as directed by higher authority for all assigned Reserve units and Reservists providing resource and management support as directed and necessary to ensure their readiness to perform their mobilization mission.

4297

Mission Requirements

A. Authorized/Directed Drill Utilization

1. Using the table below, indicate the utilization of drill space that are currently conducted at your Reserve Command/Center. For each utilization give the number of students trained, "throughput" during FY 1993, what facility in the Reserve Command/Center was utilized, or CCN outside of the Reserve Center, and the number of facility hours used in each utilization. A facility hour is equal to the number of facilities used times the number drill period hours per year the facility was occupied. For example if a Reserve Command/Center utilizes 5 classrooms, 48 weekends a year for 16 hours, the facility hours would be 5 x 48 x 16 = 3840.

| Purpose of Utilization | Student Throughput | # of Uses | Drill Space Utilized | Facility (space) Hours |
|---|---|---|---|---|
| TRAINING FY93 | # X 48 | | | |
| NR PHIB CB 2 DET 305 | 2400 | | 3 Classrooms | 2304 |
| NR NCTS KEFLAVIK | 1050 | | 2 Classrooms | 1536 |
| NR SIMA PORTSMOUTH 705 | 1532 | | 2 Classrooms | 1536 |
| NR WEAPSTA CRANE | 1392 | | 2 Classrooms | 1536 |
| NR 4TH FSSG | 863 | | 3 Classrooms | 2304 |
| NR NMCB 20 | 2880 | | 2 Classrooms | 1536 |
| 392 ARTILLARY | | | 3 Classrooms | 2304 |
| INTEL UNIT | | | 2 Classrooms | 1536 |
| TRUCK COMPANY | 5760 | | 3 Classrooms | 2304 |
| NR LST-1192 9205 | 480 | | 2 Classrooms | 1536 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



COPIES 4297

2. For the instruction conducted by your personnel away from the Reserve Command/Center during Authorized Directed Drill periods, list the type of instruction, number of training instances, and the method of instruction (i.e. off-site instructor, audio visual presentation, etc. ).

| INSTRUCTION | FREQUENCY OF INSTRUCTION | METHOD OF INSTRUCTION |
|---|---|---|
| MESS SPECIALIST | MONTHLY | OJT/HANDS ON/OFFSITE INST |
| MACHINE TOOL THEARY | ANNUAL | CAT / OFFSITE INST |
| BLUE PRINT READING | ANNUAL | CAT / OFFSITE INST |
| LAND NAVIGATION | SEMI ANNUAL | OJT/HANDS ON/OFFSITE INST |
| NAV LEAD NLDP | QUARTERLY | OFFSITE INSTRUCTOR |
| NAVIGATION | ANNUAL | OFFSITE INSTRUCTOR |
| | | |
| | | |
| | | |
| | | |

4297 COPIES

3. For the instruction available at your Reserve Command/Center, list the type of instruction, number of training instances, and the method of instruction (i.e. off-site instructor, audio visual presentation, video tape, etc.) that could be conducted away from your installation during your normal Authorized/Directed drilling periods.

| INSTRUCTION | FREQUENCY OF INSTRUCTION PER YR. | METHOD OF INSTRUCTION |
|---|---|---|
| 3M | HOURLY | AUDIO VISUAL PRESENTATION |
| SAFETY | HOURLY | INSTRUCTOR |
| TECHNICAL WEAPONRY | HOURLY | AUDIO VISUAL/VIDEO TAPE |
| WELDING | HOURLY | VIDEO/INSTRUCTOR |
| ESWS TRAINING | HOURLY | INSTRUCTOR |
| ENGINEERING PRINCIPLES | HOURLY | AUDIO VISUAL/INSTRUCTOR |
| SEXUAL HARASSMENT | HOURLY | AUDIO VISUAL/INSTRUCTOR |
| INDOCTRINATION | HOURLY | INSTRUCTOR |
| QUALITY ASSURANCE | HOURLY | INSTRUCTOR/VIDEO |
| CLOSE QUARTER DRILLS | HOURLY | INSTRUCTOR |

4. List facility (drill space) uses of your Reserve Command/Center that require special/unique facilities (drill spaces) which are not reasonably available (within 100 miles) at any other Guard or Reserve Command/Center. N/A

| Course | Unique/Special Facility Requirements |
|---|---|
| | |
| | |
| | |
| | |
| | |

B. Other Training Support

1. Client/Customer Base.

COPIES 4297

a. List all Reserve units/tenants assigned and supported by this facility as of 30 September 1994, the UIC or identifying number, and their manning levels.

| UNIT | MILITARY BRANCH | UIC | RESERVE MANNING LEVEL | ACTIVE DUTY SUPPORT MANNING LEVEL | CIVILIAN MANNING LEVEL |
|---|---|---|---|---|---|
| VTU | USNR | 0508G | 0 | (Note 1) | N/A (Note 2) |
| SIMA PTSMTH DET 705 | USNR | 82834 | 59 | (Note 1) | N/A (Note 2) |
| PHIBCB 2 DET 305 | USNR | 82620 | 49 | (Note 1) | N/A (Note 2) |
| NSWCD CR DET 105 | USNR | 82850 | 43 | (Note 1) | N/A (Note 2) |
| C&CCOD D DET 2 | USNR | 88429 | 17 | (Note 1) | N/A (Note 2) |
| NMCB 20 DET 1120 | USNR | 82761 | 28 | (Note 1) | N/A (Note 2) |
| NMCB 20 DET 0120 | USNR | 85253 | 59 | (Note 1) | N/A (Note 2) |
| MAC-G | USNR | 85892 | 00 | (Note 1) | N/A (Note 2) |
| TRKCO-1 MARRESFOR | USMCR | 81180 | 91 | (Note 1) | N/A (Note 2) |

**b. List all other units/groups not previously mentioned (active, reserve, guard, civilian, social agency, charitable organization,etc.) that utilizes space at your installation as of 30 September 1994.**

| UNIT | Facilities Used |
|---|---|
| Navy Sea Cadets | 1 Classroom, 1 storage facility |
| VA Medical Center | All non-designated parking spaces, Navy Drill Hall |
| | |
| | |

a. con't:

| | | | | | |
|---|---|---|---|---|---|
| 542ND | USAR | WSTXAA | 44 | 1 | 1 |
| 329 MD CO | USAR | WVD3AA | 124 | 4 | 0 |
| 430 MP DET | USAR | WSLMAA | 29 | 1 | 0 |
| 308 MI DET | USAR | WS27A | 9 | 0 | 0 |
| ECS#103-G BMA | USAR | W3EH55 | 0 | 0 | 3 |

NOTE 1: There are 8 active duty Naval personnel assigned who are responsible for the administration and training of the units assigned to this reserve center. The active duty members are not permanently to these units. None of the units are commissioned units. There are 11 Marine Corps personnel assigned, 9 of whom mobilize with the unit.

NOTE 2: There are no civilian personnel assigned to the Navy and Marine Corps Commands.

Copies 4297

c. For Fiscal Year 1993 list the percentage of Authorized/Directed Drill Utilization performed at the Reserve Command/Center, Gaining Command or other site.

| UNIT | SITE | | |
|---|---|---|---|
| (Navy or Marine Corps | Reserve Command/Center | Gaining Command | Other Site |
| Marine Corps | 100% | | |
| Navy | 58% | 30 | 12 |
| | | | |
| | | | |
| | | | |
| | | | |

d. For fiscal years 1991, 1992 and 1993, how many reservists not assigned to your facilities performed Authorized/Directed Drills at your site (i.e. for additional duty, convenience, unique equipment or trainer unitization, etc.)? Include all military branches and supply explanation.

NAVY - FY91, 9 Medical Assist
FY92 10 Medical Assist
FY93 14 Medical Assist

USMC - FY91, 9 Convenience
FY92, 11 Convenience
FY93 30 Unique Equip

e. What percentage of your assigned Navy and Marine Corps Reserve Units' Authorized/Directed Drill Utilization is spent in Fleet contributory (Peacetime) support both at your Reserve Command/Center and at other activities? Specify percentage and where performed.

NAVY- FY91, 30 Off site Construction
FY92, 34 Off site Construction
FY93, 42 Off site Construction

COPIES 4257

4. Demographics (Duplicate All charts as necessary)

A. List the average travel distances of Navy and Marine Corps Reservists and number that travel those average distances.

| | 0 - 50 miles | 51 - 100 miles | 100+ miles |
|---|---|---|---|
| # of Personnel | 68% | 20% | 12% |

B. List all military Guard and Reserve Command/Centers and distance within 100 miles of your reserve center:

| Name of Center | miles |
|---|---|
| NAVMARCORESCEN, Buffalo, NY | 96 |
| NAVMARCORESCEN, Cleveland, OH | 99 |
| AFRC, Youngstown, OH | 93 |
| USARC, Erie, (#2) | 03 |

C. List the all military Reserve Command/Centers and distance between 100 and 200 miles of your Reserve Command/Center:

| Name of Center | miles |
|---|---|
| NAVMARCORESCEN, Ebensburg, PA | 184 |
| NAVMARCORESCEN, Rochester, NY | 159 |
| NAVMARCORESCEN, Akron, OH | 139 |
| NAVMARCORESCEN, Vienna, OH | 176 |

D: List all the Navy and Marine Corps Reserve Command/Centers in your state and the distance from your Reserve Command/Center to these centers. Indicate any shared training resources or facilities with these Reserve Command/Centers (i.e. shared equipment, instructors instruction materials, facilities (drill space) or training areas, etc, without regard to scheduling and/or manning conflicts..

| Name of Center | Miles | Resources Shared |
|---|---|---|
| NAVRESCEN, Avoca | 300 | None |
| NAVMARCORESCEN, Harrisburg, PA | 270 | None |

Copies 4297

Item 4B, Cont'd: List all military Guard and Reserve Command/Centers and distance within 100 miles of your reserve center:

| Name of Center | miles |
|---|---|
| USARC (No. 3), Erie, PA | 07 |
| USARC, Butler, PA | 84 |
| USARC, Clarion | 82 |
| US Coast Guard Station, Presque Isle, Erie, PA | 05 |
| ARC, Dunkirk, NY | 45 |
| ARC, Gerry, NY | 43 |
| Army National Guard, Bradford, PA | 73 |
| Army National Guard, Warren, PA | 50 |
| Army National Guard, Kane, PA | 71 |
| 107th ACR HQ, Cleveland, OH | 99 |
| 107th ACR, TRP L, Painesville, OH | 80 |
| 107th ACR, DET 1, S&T, OH | 93 |
| 107th ACR, DET 1, Maint TRP, OH | 95 |
| ANGA, Mastin, Buffalo, NY | 92 |
| AFB Niagara, Buffalo, NY | 98 |
| ARC Amherst, Buffalo, NY | 99 |
| Army National Guard, Corry, PA | 27 |
| Army National Guard, Meadville, PA | 32 |
| 107th ACR TRP G Cleveland, OH | 99 |
| 107th ACR TRP K Ashtabula, OH | 40 |
| 372 Maint. Co., Willoughby, OH | 85 |
| | |
| | |
| | |

Item 4C, Cont'd: List all the military Reserve Command/Centers and distance between 100 and 200 miles of your Reserve Command/Center:

| Name of Center | miles |
|---|---|
| NAVMARCORESCEN, Pittsburgh, PA | 132 |
| NAVMARCORESCEN, Perrysburg (Toledo), OH | 125 |

Item 4D, Cont'd: List all the Navy and Marine Corps Reserve Command/ Centers in your state and the distance from your Reserve Command/Center to these centers. Indicate any shared training resources or facilities with these Reserve Command/Centers (i.e. shared equipment, instructors instruction materials, facilities (drill space) or training areas, etc, without regard to scheduling and/or manning conflicts.

| Name of Center | Miles | Resources Shared |
|---|---|---|
| NAVMARCORESCEN, Lehigh Valley, PA | 345 | None |
| NAVRESREDCEN Philadelphia, PA | 440 | None |
| NAVMARCORESCEN Reading, PA | 400 | None |
| NAVMARCORESCEN Williamsport, PA | 261 | None |
| NAVMARCORESCEN Ebensburg, PA | 184 | None |
| NAVMARCORESCEN Pittsburgh, PA | 128 | None |

E. List all other Guard, Reserve and non-DoD facilities within 100 miles your Reserve Command/Center that your assigned personnel could use for Authorized/Directed Drill Utilization or with which you could share resources or drill space (i.e shared equipment, instructors, instruction materials, facilities (drill space) or training areas, etc.)., without regard for scheduling and/or manning conflicts.

Due to our geographic location and reserve population, and as a result of the disestablishment of Naval Reserve Center, Jamestown, there are no centers with available space to handle our assigned personnel without hindering training.

F. For the entire Reserve Command/Center, summarize the average number of reservists on waiting lists for reserve billets in all units during the year. (i.e. VTU, IRR and recruits).

| RESERVISTS | FISCAL YEAR 1994 |
|---|---|
| OFFICER | 04 |
| ENLISTED | 15 |

G. What are the unique demographics of your area that could help or hinder the recruitment of the type(s) and/or numbers of Navy/Marine Corps Selected Reservists needed to fulfill your requirements?(i.e. limited maritime access, small population center, etc.)

A help: We have a substantial number of individuals in the engineering ratings. Open billets for these ratings are, in most cases, available.

A hindrance: Those ratings which are listed as open on the recruiting "AJ" listing for which there are available reservations normally do not correspond with the open billets available at the center, resulting in loss of the individual and the billet, as well as excessive personnel held IAP.

H. What are the unique demographics of your area that could help or hinder the recruitment of the type(s) and/or numbers of Navy/Marine Corps Selected Reservists needed to fulfill requirements at other Reserve Command/Centers? (i.e. large population center, proximity to active Navy facilities, etc.)

Naval and Marine Corps Reserve Center, Erie, located in the Northwest Region of Pennsylvania, has no major military installations on which it can rely to ensure adequate training is provided to SELES personnel. It is therefore entirely self-sufficient. Although somewhat isolated, local vo-tech schools and institutions of higher learning in the area lends this to area to ample training opportunities.

H. List any other military support missions currently conducted at/from your Reserve Command/Center (e.g., port of embarkation for USNR and USMCR personnel, other active duty/reserve personnel or logistics transfer missions).

Both the staff and SELRES population assigned to NAVMARCORESCEN, Erie, actively participate in the Great Lakes Cruise. This is an important public relations event held annually, and helps provide shipboard training to staff/SELRES.

I. Are any new military missions planned for this Reserve Command/Center?

Great Lakes Cruise '94 is currently in the planning and implementation stages, and is conducted in cooperation with the local recruiting command.

4297

H. Other Non-Military Support

1. Does the Reserve Command/Center have a role in a disaster assistance plan, search and rescue, or local evacuation plan? If so, describe.
During natural disasters, NAVMARCORESCEN, Erie may be one of a few or the only operational Naval facilities in the disaster area. In the event of a disaster, NAVMARCORESCEN, Erie would take action as noted below.

2. Does the Reserve Command/Center provide any direct support to local civilian, governmental or military agencies? If so, describe (e.g. drug awareness programs, CPR Training, honor guards for funerals, color guards for civic functions, etc.)
SELRES and Full Time Support Staff actively participate in military funerals and as color guards in various Holiday parades and civic functions.

3. Are any new civilian or other non-DoD missions planned for this Reserve Command/Center? If so, describe. No.

Item H1., Cont'd:

During a natural disaster, NAVMARCORESCEN, Erie would be held accountable for:

- -Early damage assessment trips to the severely damaged areas
- -Extraction of dislocated military personnel and their families
- -Locating potable water and food and the transport/distribution of people in severely damaged areas
- -Providing emergency berthing and staging for incoming military units
- -Providing liaison and arrangements for port services to the Naval Commodore and U.S. and Canadian Naval vessels
- -Assuming SOPA duties until relieved by higher authority
- -Providing trucks, water trailers, generators, field kitchens (MIUW assets)
- -Equipping and staging emergency medical teams at the Center and dispatching them to the disaster area

COPIER 4297

Facilities.

A. **Facilities Description.** Complete the following tables as applicable.

1. Naval Reserve Centers; Marine Corps Reserve Training & Administration Buildings; and Reserve Naval Construction Forces: In the following table, indicate the space available; average age; condition of the facility; plant value; and amount and cost of leased space. (Facility Type/Functions obtained from the Facility Planning Criteria For Navy and Marine Corps Shore Installations, NAVFAC P-80)

| Facility Type/Function (in Sq. Ft. unless noted) | Av. Age | Ad-equate | Substan-dard | Inad-equate | Total | Plant Value | Leased Property (SF) | Cost of Lea Property |
|---|---|---|---|---|---|---|---|---|
| Admin | 30yrs | GOOD | | | 8788 | 18,602 | N/A | N/A |
| Classrooms | 30yrs | GOOD | | | 6972 | 13,302 | N/A | N/A |
| Trainers | N/A | | | | | | N/A | N/A |
| Labs | N/A | | | | | | N/A | N/A |
| Shops | N/A | | | | | | N/A | N/A |
| Bays | 30yrs | GOOD | | | 10,170 | 19,329 | N/A | N/A |
| Storage | 30yrs | GOOD | | | 6542 | 12,470 | N/A | N/A |
| Supply | 30yrs | GOOD | | | 992 | 1,870 | N/A | N/A |
| Pistol Range (# of Facilities) | N/A | N/A | | | N/A | N/A | N/A | N/A |
| Other Ranges (Specify) (# of Facilities) | N/A | N/A | | | N/A | N/A | N/A | N/A |
| Armory | 30yrs | GOOD | | | N/A | N/A | N/A | N/A |
| Parking - POV (Sq. Yds. (SY)) | 1yr | GOOD | | | 4,088 | 36,060 | N/A | N/A |
| Parking - Organizational Vehicles (SY) | 1yr | GOOD | | | 7,688 | 67,862 | N/A | N/A |
| Land (Acres) | 30yrs | GOOD | | | 4.97ac | 12,355 | N/A | N/A |
| Other (Specify) PASSAGEWAYS | 30yrs | GOOD | | | 19,850 | | N/A | N/A |
| VESTIBULES | | | | | | | | |

NA. This facility does not have trainers, labs, shops, pistol range or any other range. This facility does not lease property and therefore does not have a cost associated with leased property.

4297

2. Give the total square footage of the facilities (drill space) at your Reserve Center. Break out the square footage by the type of facilities (i.e. classroom, assembly hall, multi-media center, etc.), and within each type, by the material condition of the facility (i.e., Adequate, Substandard, and Inadequate).

| Facility (drill space)Type | Square Footage | Adequate | Substandard | Inadequate |
|---|---|---|---|---|
| CLASSROOM | 6,972 | X | | |
| DRILL HALL | 3,750 | X | | |
| LIBRARY | 603 | X | | |

3. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

4297

4. List the location of space outside of the Reserve Command/Center utilized for drilling, if any, by Category Code Number CCN, as described in NAVFAC P-80, and the condition of those resources.

| CCN: | Adequate | Substandard | Inadequate |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

5. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

Note: NAVMARCORESCEN, Erie utilizes no outside spaces for the purpose of drilling/training.

4297

6. Marine Corps Reserve Vehicle & Equipment Maintenance Facility: Complete the following table.

| Facility Type | Automotive | | Track/Artillery Heavy Equipment | | General Space | Total |
|---|---|---|---|---|---|---|
| | Bays | SF | Bays | SF | | |
| A | | | | | | |
| B | | | | | | |
| C | 3 | 1811 | | | 1235 | 3045 |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |

SF----------Provide gross square feet
General Space-Includes office, storage, work benches and toilets

Facility Types:

| Unit Type | Facility Type |
|---|---|
| **Companies:** | |
| Infantry/Military Police | A |
| Communications/Reconnaissance | B |
| Anglico/MT/Amphib Tractor/Tank | C |
| Engineer/Transport | D |
| **Batteries:** | |
| 105 mmHOW/155 mmHOW | C |
| LAAM | D |
| SP:155 mmHOW/8" HOW | E |
| **Battalions:** | |
| Infantry/Reconnaissance | B |
| Tank/Artillery/Amphib Tractor/MT | C |
| Engineer/Artillery | E |

4257 COPIES

7. Other Training Buildings

a. Give the square footage of any training buildings listed in the table below that are at available for use by your Reserve Center. Break out the square footage by the material condition of the facility (i.e., Adequate, Substandard, and Inadequate).

| CCN | Type of Training Building | Adequate | Substandard | Inadequate |
|---|---|---|---|---|
| 171-17 | TV CTR/Instruction Matter | N/A | | |
| 171-25 | Auditorium | N/A | | |
| 171-36 | Radar Simulator Facility | N/A | | |
| 171-40 | Drill Hall | N/A | | |
| 171-45 | Mock-up and Training Aid Preparation Center | N/A | | |
| 171-50 | Small Arms Range - Indoor | N/A | | |
| 171-60 | Recruit Processing Building | N/A | | |
| 171-77 | Training Material Storage | N/A | | |

8. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

Note: NAVMARCORESCEN, Erie's training areas are self-contained within one edifice, with no additional buildings. All classrooms and training areas are part of the same building.

4297 Copies

9. Facilities (drill space ) Other Than Buildings (CCN 179)

a. Using the table, give the number of training facilities other than buildings that are available for use or owned by your Reserve Command/Center. For each type of training facility, give the number that are in adequate, substandard, and inadequate condition. For the **Training Courses** and **Parade and Drill Fields** provide **number of facilities/acres.**

| CCN | Training Facilities | Number of Facilities | | |
|---|---|---|---|---|
| | | Adequate | Substandard | Inadequate |
| 179-35 | Weapons Range Operations Tower | N/A | | |
| 179-40 | Small Arms Range - Outdoor | N/A | | |
| 179-45 | Training Mock-Ups | N/A | | |
| 179-50 | Training Course | N/A / | / | / |
| 179-55 | Combat Training Pool/Tank | N/A | | |
| 179-60 | Parade and Drill Field | N/A / | / | / |
| 179-71 | Electronic Warfare Training Range | N/A | | |
| 179-72 | Underwater Tracking/Training Range | N/A | | |

10. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?

Note: Naval and Marine Corps Reserve Center, Erie, is a self-contained training site. There are no additional training sites outside of the building used for training, owned by NAVMARCORESCEN, Erie.

4297 COPIES

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

f. Current improvement plans and programmed funding:

g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

11. Airfields and Airspace

a. Airspace. List any airspace utilized by units at your Reserve Command/Center.

| Airspace Name | Dimensions | Scheduling Agency | Controlling Agency |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

b. Airfields. List any airfield used by units at your Reserve Command/Center.

| Airfield | Location | Ownership (Service/non-DoD) |
|---|---|---|
| 0 | 0 | 0 |

12. Equipment Utilized

a. List any major or unique equipment, which in your opinion, would be cost prohibitive to replicate or move to a new site should you be required to close or relocate. Indicate if it is feasible to relocate the equipment, gross tonnage, cube and the estimated downtime for training if relocated.

| Equipment | Relocatable (Y/N) | Gross tons | Cube (ft3) | Estimated Down Time |
|---|---|---|---|---|
| 0 | Y | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

COPIED 4297

13. Complete the following table for all areas controlled by your Reserve Command/Center or available by mutual agreement, that could be used for Authorized/Directed Drill Utilization which are considered unusable (i.e., overgrown, impassable, etc.).

| Potential Area | Unusable Acres | Reason Unusable |
|---|---|---|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

14. List possible utilization areas controlled by your Reserve Command/Center or available by mutual agreement where availability or use is limited by concurrent use of another training area or facility (i.e., proximity of live fire range, an LZ within a larger training area, etc.).

| Training Area | Limitation(s) on Use or Availability |
|---|---|
| N/A | |
| | |
| | |
| | |
| | |

a. For **each** training area with environmental restriction, describe the restriction and the impact on your Authorized/Directed Drill Utilization, and any mitigation required.

| | |
|---|---|
| N/A | **TRAINING AREA:** |
| | **RESTRICTION:** |
| | **IMPACT ON TRAINING:** |
| | **MITIGATION REQUIRED:** |

Note: No available unimproved land or sites exist.

BERTHING CAPACITY

15. For each **Pier/Wharf** at your facility list the following **structural characteristics**.

COPIES 4297

Indicate the additional controls required if the pier is inside a Controlled Industrial Area or High Security Area. Provide the average number of days per year over the last eight years that the pier was out of service (OOS) because of maintenance, including dredging of the associated slip: 0

Table 11.1

| Pier/ Wharf & Age1 | CCN2 | Moor Length (ft) | Design Dredge Depth3 (ft) (MLLW) | Slip Width4 (ft) | Pier Width (ft)5 | CIA/Security Area? (Y/N)6 | ESQD Limit 7 | # Days OOS for maint. |
|---|---|---|---|---|---|---|---|---|
| N/A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

1Original age and footnote a list of MILCON improvements in the past 10 years.
2Use NAVFAC P-80 for category code number.
3Comment if unable to maintain design dredge depth
4Water distance between adjacent finger piers.
5Indicate if RO/RO and/or Aircraft access. Indicate if pier structures limit open pier space.
6Describe the additional controls for the pier.
7Net explosive weight. List all ESQD waivers that are in effect with expiration date.

NO PIER/WHARF AT ERIE, PA FACILITY

4297

16. For each **Pier/Wharf** at your facility list the following **ship support characteristics**:

Table 12.1

| Pier/ Wharf | OPNAV 3000.8 (Y/N) | Shore Pwr (KVA) & 4160V (KVA) | Comp. Air Press. & Capacity1 | Potable Water (GPD) | CHT (GPD) | Oily Waste1 (gpd) | Steam (lbm/hr & PSI)2 | Fendering limits3 |
|---|---|---|---|---|---|---|---|---|
| N/A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

1List only permanently installed facilities.
2Indicate if the steam is certified steam.
3Describe any permanent fendering arrangement limits on ship berthing.

NO PIER/WHARF AT ERIE, PA FACILITY

4297 COPIES

17. For each **pier/wharf** listed above state today's normal **loading**, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 13.1

| Pier/ Wharf | Typical Steady State Loading1 | Ship Berthing Capacity | Ordnance Handling Pier Capacity2 | IMA Maintenance Pier Capacity3 |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1Typical pier loading by ship class with current facility ship loading.
2List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.
3List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown, or access limitations.

NO PIER/WHARF AT ERIE, PA FACILITY

4297 COPIES

18. For each **pier/wharf** listed above, based on Presidential Budget 1995 budgeted **infrastructure improvements in the Presidential Budget 1995 through FY 1997 and the BRAC-91 and BRAC-93 realingnments**, state the expected normal **loading**, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 14.1

| Pier/ Wharf | Typical Steady State Loading1 | Ship Berthing Capacity | Ordnance Handling Pier Capacity2 | IMA Maintenance Pier Capacity3 |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1Typical pier loading by ship class with current facility ship loading.

2List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.

3List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown, or access limitations.

NO PIER/WHARF AT ERIE, PA FACILITY

4297

**19.a.** How much pier space is required to **berth and support ancillary craft** (tugs, barges, floating cranes, etc.) currently at your facility? Indicate if certain piers are uniquely suited to support these craft.

NONE

**19.b.** What is the average pier loading in ships per day due to **visiting ships** at your base. Indicate if it varies significantly by season.

NONE

**19.c.** Given **no funding or manning limits**, what modifications or improvements would you make to the waterfront infrastructure to increase the cold iron ship berthing capacity of your installation? Provide a description, cost estimates, and additional capacity gained.

NONE

**19.d.** Describe any **unique limits or enhancements** on the berthing of ships at specific piers at your base.

NONE

4297

## 20. WEAPONS AND MUNITIONS

Please answer the following questions if your activity performs any stowage or maintenance on any of the following ordnance commodities types:

### 1. Ordnance Stowage and Support

1.1 Provide present and predicted inventories (coordinate with inventory control manager) and maximum rated capability of all stowage facilities at each weapons storage location controlled by this activity. In predicting the out year facility utilization, distribute overall ordnance compliment to the most likely configuration. The maximum rated capability is also an out year projection taking into account any known or programmed upgrades that may increase current stowage capacity. When listing stowage facilities, group by location (e.g. main base, outlying field, special area).

Table 1.1: **Total Facility Ordnance Stowage Summary**

| Facility Number | PRESENT INVENTORY | | PREDICTED INVENTORY FY 2001 | | MAXIMUM RATED CAPABILITY | |
|---|---|---|---|---|---|---|
| | TONS | SQ FT | TONS | SQ FT | TONS | SQ FT |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

NO ORDNANCE STOWAGE AND SUPPORT AT ERIE, PA FICILITY

4297 COPIES

1.2For each Stowage facility identified in question 1.1 above, identify the type of facility (specify if "igloo", "box", etc.). Identify the type of ordnance commodity (from the list above) which are currently stowed in that facility and all other ordnance types which, given existing restrictions, could be physically accommodated in that stowage facility. Specify below if such additional accommodation would require a modification of the facility (e.g. enhanced environmental controls, ESQD waiver).

•Identify the reason(s) for which this ordnance is stored at your facility from the following list: own activity use (training); own activity use (operational stock); Receipt/Segregation/ Stowage/Issue (RSSI); transhipment/awaiting issue; deep stow (war reserve); deep stow (awaiting Demil); other. Explain each "other" entry in the space provided, including ordnance stowed which is not a DON asset.

Table 1.2: **Total Facility Ordnance Stowage Summary**

| Facility Number/Type | Currently Stowed Commodity Type(s) | Reason for Stowage at your Activity | Commodity Type(s) Which Can Be Stowed |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Additional comments:

NO WEAPONS AND MUNITIONS SUPPORT AT ERIE, PA FACILITY

4297

**1.3** Identify the rated category, rated NEW and status of ESQD arc for each stowage facility listed above.

Table 1.3: **Facility Rated Status**

| Facility Number / Type | Hazard Rating (1.1-1.4) | Rated NEW | ESQD Arc | | |
|---|---|---|---|---|---|
| | | | Established (Y / N) | Waiver (Y / N) | Waiver Expiration Date |
| N/A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

NO WEAPONS AND MUNITIONS SUPPORT AT ERIE, PA FACILITY

4297 Copies

## Location

1. **Proximity to Reservists.**

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

Located in the Tri-State area (PA, OH, NY), easily accessible by interstate road network.

b. On the average, how long does it take your personnel, including drilling reservists to reach your facility?

30 - 45 minutes

2. **Proximity to Transportation Nodes.** How far are the nearest air, rail, sea and ground transportation nodes?

AIRPORT: 10 MILES
RAIL: 3 MILES
SEA: 5 MILES
GROUND: 3 MILES-I-90

3. **Proximity to Mobilization Sites.** What is the importance of your location given your mobilization requirements?

All transportation nodes are easily accessible from this site.

4297

## Weather

A. In Fiscal Year 1993, what percentage of drills were cancelled because reservists were unable to travel to the Reserve Command/Center due to weather conditions?

2%

B. In Fiscal year 1993, what percentage of scheduled drills were cancelled because of weather?

NONE.

4297 COPIES

Features and Capabilities

C. Unique Features

1. Does the geographic location and the associated natural features of this Reserve Command/Center contribute to the quality of training or detract from the quality of training at the installation? Explain.

Co-located with VA Hospital.

2. What other factors beyond your control have affected training over the past five years? Describe the resulting impact.

NONE.

3. Identify any unique (one of a kind) features (function, equipment, ranges, etc.) possessed by this Reserve Command/Center that have not been previously mentioned. Please list each feature separately and provide a narrative explanation of the importance of the unique feature.

NONE.

4297

Features and Capabilities

E. Ability for Expansion

1. Does the operational infrastructure of the Reserve Center (e.g., classrooms, administrative facilities, fuel and munitions storage, warehouse space) provide capabilities for future expansion or change in mission? If yes, explain why.

Yes, an additional floor could be placed on this facility making it a three (3) story building.

2. What is the availability of adjacent acreage for possible future Reserve Training Center expansion or development?

.58 Acres.

4297 Copies

3. Identify in the table below the real estate resources which have the potential to facilitate future development and for which you are the plant account holder or into which, though a tenant, your activity could reasonable expect to expand. Complete a separate table for each individual site, i.e., main base, outlying airfields, special off-site areas, off base housing, etc. Unit of measure is acres. Developed area is defined as land currently with buildings, roads, and utilities that prevent it from being further developed without demolition of existing infrastructure. Include in"Restricted" areas that are restricted for future development due to environmental constraints (e.g. wet lands, landfills, archaeological sites), operational restrictions (e.g. ESQD arcs, HERO, HERP, HERF, AICUZ, ranges) or cultural resources. Identify the reason for the restriction when providing the acreage in the table below. Specify any other entry in "Other" (e.g. submerged lands).

**Site Location:** 0

| Land Use | Total Acres | Developed | Available for Development | |
|---|---|---|---|---|
| | | | Restricted | Unrestricted |
| Operational | | | | |
| Training | | | | |
| Maintenance | | | | |
| Research & Development | | | | |
| Supply and Storage | | | | |
| Admin | | | | |
| Housing | | | | |
| Recreational | | | | |
| Navy Forestry Program | | | | |
| Navy Agricultural Outlease Program | | | | |
| Hunting/fishing Programs | | | | |
| Other | | | | |
| TOTAL | 00 | | | |

Additional available property could be obtained only by condemnation.

Features and Capabilities

E. Ability for Expansion (cont.)

COPIES 4297

4. Identify the features of this Reserve Center that make it a strong candidate for supporting other types of training and units in the future.

This facility is collocated with VA Medical Center. This facility can handle a Fleet Hospital Unit.

4297

Features and Capabilities

F. Quality of Life

1. Military Housing

(a) Family Housing:

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

(2) 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+ | 0 | 0 | 0 | 0 |
| Officer | 3 | 0 | 0 | 0 | 0 |
| Officer | 1 or 2 | 0 | 0 | 0 | 0 |
| Enlisted | 4+ | 0 | 0 | 0 | 0 |
| Enlisted | 3 | 0 | 0 | 0 | 0 |
| Enlisted | 1 or 2 | 0 | 0 | 0 | 0 |
| Mobile Homes | None | 0 | 0 | 0 | 0 |
| Mobile Home lots | None | 0 | 0 | 0 | 0 |

(3) 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?

Features and Capabilities

F. Quality of Life (cont.)

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

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

Note: Due to the geographic location of NAVMARCORESCEN, Erie, in relation to larger military installations, military housing is not available, and therefore assigned staff utilize off-base, civilian housing within the area.

COPIES 4297

## Features and Capabilities

F. Quality of Life (cont.)

(5) 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 | N/A |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

(6) 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)?

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | |
| Substandard | |
| Inadequate | |

(8) 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?

Note: Base housing is not available due to our geographic location in relation to major military installations. All personnel assigned onboard NAVMARCORESCEN, Erie, utilize civilian housing.

COPIES 4297

Features and Capabilities

F. Quality of Life (cont.)

(b) BEQ:

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | N/A |
| Substandard | N/A |
| Inadequate | N/A |

(2) 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?

BEQ is not available in this geographic location

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

AOB = (# Geographic Bachelors x average number of days in barracks)

0 x 365 = 0

(4) 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.) | 0 | 0% | |
| Spouse Employment (non-military) | 0 | 0% | |
| Other | 2 | 25% | Members maintain dependents pending final divorce |
| TOTAL | 2 | 100 | |

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

Two geographic bachelors do not live on base, however, as noted earlier, base housing is not available due to the center's geographic location. All assigned staff members reside in civilian quarters.

Copies 4297

Features and Capabilities

F. Quality of Life (cont.)

(c) BOQ:

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | N/A |
| Substandard | N/A |
| Inadequate | N/A |

(2) 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?

No BOQ available due to this center's geographic location.

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

AOB = (# Geographic Bachelors x average number of days in barracks)

0 x 365 = 0

(4) 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.) | 0 | 0 | |
| Spouse Employment (non-military) | 0 | 0 | |
| Other | 0 | 0 | |
| **TOTAL** | 0 | 100 | |

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

We have no geographic bachelor officers assigned, and BOQ is not available due to our geographic location in relation to large military installations.

COPIES 4297

Features and Capabilities

F. Quality of Life (cont.)

2. For on-base MWR facilities 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 N/A DISTANCE N/A

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Auto Hobby | Indoor Bays | 0 | N/A |
| | Outdoor Bays | 0 | N/A |
| Arts/Crafts | SF | 0 | N/A |
| Wood Hobby | SF | 0 | N/A |
| Bowling | Lanes | 0 | N/A |
| Enlisted Club | SF | 0 | N/A |
| Officer's Club | SF | 0 | N/A |
| Library | SF | 1 | N (Note 1) |
| Library | Books | 0 | N |
| Theater | Seats | 0 | N/A |
| ITT | SF | 0 | N/A |
| Museum/Memorial | SF | 0 | N/A |
| Pool (indoor) | Lanes | 0 | N/A |
| Pool (outdoor) | Lanes | 0 | N/A |
| Beach | LF | 0 | N/A |
| Swimming Ponds | Each | 0 | N/A |
| Tennis CT | Each | 0 | N/A |

Note 1: The library located with NAVMARCORESCEN, Erie, is expressly for the purpose of military training. Although media equipment is available through the library, it is not used for profit through MWR.

Features and Capabilities

F.. Quality of Life (cont.)

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Volleyball CT (outdoor) | Each | 0 | N/A |

Note: NAVMARCORESCEN, Erie consists of one building with additions built for the express purpose of training USMC personnel. Although our drill hall is often used as a basketball court, it is not necessarily what it is intended for, and is not provided for profit of MWR.

COPIES 4297

| | | | |
|---|---|---|---|
| Basketball CT (outdoor) | Each | 0 | N/A |
| Racquetball CT | Each | 0 | N/A |
| Golf Course | Holes | 0 | N/A |
| Driving Range | Tee Boxes | 0 | N/A |
| Gymnasium | SF | 0 | N/A |
| Fitness Center | SF | 1 | N |
| Marina | Berths | 0 | N/A |
| Stables | Stalls | 0 | N/A |
| Softball Fld | Each | 0 | N/A |
| Football Fld | Each | 0 | N/A |
| Soccer Fld | Each | 0 | N/A |
| Youth Center | SF | 0 | N/A |
| | | | |

3. Is your library part of a regional interlibrary loan program? No.

As noted previously, our library contains no Military Training courses and media equipment relative to the training of military personnel. Although media equipment can be used for the purpose of entertainment, it is not provided at a cost.

COPIES 4297

Features and Capabilities

F. Quality of Life (cont.)

4. Base Family Support Facilities and Programs

a. 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 | N/A | | | | | |
| 6-12 Mos | N/A | | | | | |
| 12-24 Mos | N/A | | | | | |
| 24-36 Mos | N/A | | | | | |
| 3-5 Yrs | N/A | | | | | |

b. 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?

c. 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.

d. How many "certified home care providers" are registered at your base?

N/A

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

NA. This facility does not have a child care center.

COPIES 4297

## Features and Capabilities

F.. Quality of Life (cont.)

f. 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 | 0 |
| Gas Station | SF | 0 |
| Auto Repair | SF | 0 |
| Auto Parts Store | SF | 0 |
| Commissary | SF | 0 |
| Mini-Mart | SF | 0 |
| Package Store | SF | 0 |
| Fast Food Restaurants | Each | 0 |
| Bank/Credit Union | Each | 0 |
| Family Service Center | SF | 0 |
| Laundromat | SF | 0 |
| Dry Cleaners | Each | 0 |
| ARC | PN | 0 |
| Chapel | PN | 0 |
| FSC Classrm/Auditorium | PN | 0 |
| | | |

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

| City | Distance (Miles) |
|---|---|
| Buffalo, NY | 120 |
| Cleveland, OH | 101 |
| Pittsburgh, PA | 130 |

## Features and Capabilities

C. Quality of Life (cont.)

4297

6. Standard Rate VHA Data for Cost of Living:

| Paygrade | With Dependents | Without Dependents |
|---|---|---|
| E1 | 0.00 | 0.00 |
| E2 | 0.00 | 0.00 |
| E3 | 0.00 | 0.00 |
| E4 | 0.00 | 0.00 |
| E5 | 0.00 | 0.00 |
| E6 | 0.00 | 0.00 |
| E7 | 21.55 | 14.97 |
| E8 | 48.16 | 36.41 |
| E9 | 84.05 | 63.81 |
| W1 | 101.70 | 76.76 |
| W2 | 70.64 | 55.40 |
| W3 | 58.33 | 47.41 |
| W4 | 86.85 | 77.00 |
| O1E | 56.23 | 41.71 |
| O2E | 54.63 | 43.56 |
| O3E | 70.05 | 59.26 |
| O1 | 4.93 | 3.64 |
| O2 | 41.46 | 32.40 |
| O3 | 66.16 | 55.71 |
| O4 | 69.88 | 60.77 |
| O5 | 85.27 | 70.52 |
| O6 | 72.59 | 60.08 |
| O7 | 19.87 | 16.14 |

**Features and Capabilities**

F.. Quality of Life (cont.)

7. Off-base housing rental and purchase

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

Copies 4297

March 1994.

| Type Rental | Average Monthly Rent | | Average Monthly Utilities Cost |
|---|---|---|---|
| | Annual High | Annual Low | |
| Efficiency | 300.00 | 200.00 | 0 |
| Apartment (1-2 Bedroom) | 430.00 | 330.00 | 100.00 |
| Apartment (3+ Bedroom) | 500.00 | 325.00 | 120.00 |
| Single Family Home (3 Bedroom) | 500.00 | 450.00 | 150.00 |
| Single Family Home (4+ Bedroom) | 650.00 | 475.00 | 160.00 |
| Town House (2 Bedroom) | 500.00 | 390.00 | 120.00 |
| Town House (3+ Bedroom) | 615.00 | 500.00 | 130.00 |
| Condominium (2 Bedroom) | 0 | 0 | 0 |
| Condominium (3+ Bedroom) | 0 | 0 | 0 |

4297

## Features and Capabilities

F. Quality of Life (cont.)

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

| Type Rental | Percent Occupancy Rate |
|---|---|
| Efficiency | 4 |
| Apartment (1-2 Bedroom) | 79 |
| Apartment (3+ Bedroom) | 4 |
| Single Family Home (3 Bedroom) | 7 |
| Single Family Home (4+ Bedroom) | 1 |
| Town House (2 Bedroom) | 5 |
| Town House (3+ Bedroom) | 0 |
| Condominium (2 Bedroom) | 0 |
| Condominium (3+ Bedroom) | 0 |

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

| Type of Home | Median Cost |
|---|---|
| Single Family Home (3 Bedroom) | 80,000 |
| Single Family Home (4+ Bedroom) | 83,000 |
| Town House (2 Bedroom) | 85,000 |
| Town House (3+ Bedroom) | 88,000 |
| Condominium (2 Bedroom) | 92,000 |
| Condominium (3+ Bedroom) | 96,000 |

## Features and Capabilities

F. Quality of Life (cont.)

4297 COPIES

(d) 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 | 17 | 43 | 6 |
| February | 24 | 47 | 5 |
| March | 24 | 47 | 4 |
| April | 27 | 51 | 5 |
| May | 14 | 36 | 3 |
| June | 13 | 36 | 5 |
| July | 13 | 33 | 5 |
| August | 13 | 37 | 6 |
| September | 9 | 29 | 3 |
| October | 9 | 31 | 3 |
| November | 10 | 32 | 3 |
| December | 10 | 31 | 3 |

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

Lack of suitable used housing, lack of adquate new housing.

COPIES 4297

Features and Capabilities

F. Quality of Life (cont.)

8. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: N/A. This command supports Naval Reserve, there is no sea billets available.

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

9. 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) |
|---|---|---|---|
| Fairview | 1 | 16 | 20 min. |
| Harborcreek | 1 | 13 | 15 min. |
| Erie | 22 | 15 | 10 min. |
| Eden | 2 | 20 | 20 min. |
| Jamestown | 2 | 65 | 60 min. |

COPIES 4297

OPTIONAL FORM 99 (7-90)

**FAX TRANSMITTAL** # of pages ▶

To Ms. Carson | From
Dept./Agency | Phone #
Fax # | Fax #

NSN 7540-01 317-7368 5099 101 GENERAL SERVICES ADMINISTRATION

Features and Capabilities

F. Quality of Life (cont.)

10. 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:

(a) 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 |
|---|---|---|---|---|---|---|---|
| BURTON | ES | K-6 | Y | 5,438 | N/A | N/A | BOE |
| GROVER CLEVELAND | " | " | " | " | " | " | " |
| JOANNA CONNELL | " | " | " | " | " | " | " |
| DIEHL | " | " | " | " | " | " | " |

ES-ELEMENTARY SCHOOL MS-MIDDLE SCHOOL SHS-SENIOR HIGH SCHOOL
BOE-BOARD OF EDUCATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| EDISON | " | " | " | " | " | " | " |
| EMERSON-GRIDLEY | " | " | " | " | " | " | " |
| GLENWOOD | " | " | " | " | " | " | " |
| HARDING | " | " | " | " | " | " | " |
| IRVING | " | " | " | " | " | " | " |
| JEFFERSON | " | " | " | " | " | " | " |
| LINCOLN | " | " | " | " | " | " | " |
| MCKINLEY | " | " | " | " | " | " | " |
| PERRY | " | " | " | " | " | " | " |
| PFEIFFER-BURLEIGH | " | " | " | " | " | " | " |
| ROOSEVELT | MS | 7-9 | " | " | " | " | " |
| WAYNE | " | " | " | " | " | " | " |
| WILSON | " | " | " | " | " | " | " |
| CENTRAL HIGH | SH | 9-12 | " | " | " | " | " |
| EAST HIGH | " | " | " | " | " | " | " |
| STRONG VINCENT | " | " | " | " | " | " | " |



Encl (8)

Features and Capabilities

F. Quality of Life (cont.)

(b) 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 | |
| VO-TECH | Day | N/A | N/A | N/A | N/A | N/A |
| | Night | " | " | " | " | " |
| | Day | " | " | " | " | " |
| | Night | " | " | " | " | " |
| | Day | " | " | " | " | " |
| | Night | " | " | " | " | " |
| | Day | " | " | " | " | " |
| | Night | " | " | " | " | " |

N/A.

" DUE TO NOT BEING ABLE TO GET IN CONTACT WITH THE SCHOOL IN THE AREA AND GIVING THEM A GOOD AMOUNT OF TIME TO GET THE INFORMATION BACK.

Features and Capabilities

F. Quality of Life (cont.)

(c) 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 | | | | | |

N/A.

DUE TO THE AMOUNT OF ACTIVE DUTY PERSONNEL AT OUR FACILITY THIER IS NO ON BASE EDUCATIONAL INSTITUTION WHICH OFFERS CLASSES.

Features and Capabilities

F. Quality of Life (cont.)

11. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

This command has no Family Service Center.

| 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 | | | | |

12. 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.

Medical and Dental care is provided by the VA Medical Center, which is located adjacent to this Reserve Center.

13. 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.

Medical care is readily available in the local community, although, access is limited by burden of the CHAMPUS deductable. Dental care is available within the local community.

COPIES 4297

## Features and Capabilities

F. Quality of Life (cont.)

14. 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 | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 0 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 2. Blackmarket (6C) | 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 (6G) | 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 |
| 4. Postal (6L) | | | |
| 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 |

COPIES 4297

## Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 5. Customs (6M) | | | |
| 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) | | | |
| 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 |
| 7. Larceny - Ordnance (6R) | | | |
| 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 |
| 8. Larceny - Government (6S) | | | |
| 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 |

COPIES 4297

Features and Capabilities

F. Quality of Life (cont.)

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

4297 COPIER

Features and Capabilities

F. Quality of Life (cont.)

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

4297 COPIES

Features and Capabilities

F. Quality of Life (cont.)

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

COPIES 4297

Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 22. Sex Abuse - Child (8B) | | | |
| Base Personnel - military | 0 | 0 | 0 |
| Base Personnel - civilian | 0 | 0 | 0 |
| Off Base Personnel - military | 0 | 1 | 0 |
| Off Base Personnel - civilian | 0 | 0 | 0 |
| 23. Indecent Assault (8D) | | | |
| 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) | | | |
| 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 |
| 25. Sodomy (8G) | | | |
| 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 |

4297 COPIES

BRAC-95 CERTIFICATION

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

C. L. GONZALEZ, LCDR, USNR
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

16 JUN 94
Date

Division

Department

NAVMARCORESCEN, ERIE, PA
Activity

Data Call 49 Activity: NMCRC Erie, PA

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. | JB Greene Jr |
| Name | Signature |
| ACTING | 13 JUL 1994 |
| 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. H. DEVAULT, CAPT, USNR
NAME (Please type or print)

Signature

Commander
Title

17 JUN 94
Date

NAVRESREDCOM REG FIVE, Vienna, OH
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)

J. W. FITZGERALD, CAPT, USNR
NAME (Please type or print)

Signature

28 JUN 1994

Commander - Acting
Title

Date

COMNAVSURFRESFOR
Activity

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

**MAJOR CLAIMANT LEVEL**

T. F. HALL, RADM, USN
NAME (Please type or print)

TF Hall
Signature

COMMANDER
Title

7/5/94
Date

COMNAVRESFOR
Activity



4607 COPIER

## 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**

| | |
|---|---|
| C. L. GONZALEZ, LCDR, USNR | C L Gonzalez |
| NAME (Please type or print) | Signature |
| COMMANDING OFFICER | 16 JUN 94 |
| Title | Date |
| NAVMARCORESCEN, ERIE, PA | |
| Activity | |



4607 COPIES

11 11
49

735

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
RESERVE CENTER: EUGENE, OR
ACTIVITY UIC: 62298

Category..... Personnel Support
Subcategory.....ReserveTraining Centers
Type.....Navy and Marine Corps Reserve Training Centers

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

4297 COPIES

Enclosure (2)

TABLE OF CONTENTS

Data for Military Value

Introduction .....1

MISSION REQUIREMENTS

Mission Statement ..... 3

A. Authorized/Directed Drill Utilization

1. Utilization ..... 4
2. Off-Site and Audio Visual Instruction .....5

3. Off-Site and Audio Visual Instruction Additions .....6

4. Utilization requiring special/unique facilities.....6

B. Other Support

1. Client/Customer Base

a. Units assigned .....7

b. Other Units that utilize the Reserve Command/Center.....7

c. Where Unit drills .....8

d. Not Assigned utilization .....8

e. Contributory (Peacetime) Support .....8

2. Demographics

a. Travel Distance to Reserve Command/Center.....8

b. Other Reserve Command/Centers within 100 miles.....8

c. Other Reserve Command/Centers beyond 100 miles.....8

d. Reserve Command/Centers in the state.....9

e. Other Guard, Reserve facilities .....10

4297 Copies

f. Waiting for billets .....10

g. Unique Demographic impacts on recruiting.....10
h. Unique Demographic impact on outside recruiting.....10

i. Other military support missions.....10

j. Any new missions planned.....10

k. Other Non-Military Support

1. Role in disaster assistance.....11

2. Direct support to agencies.....11

3.. Any new non-DoD missions planned .....11

FACILITIES

A. Facility Description

1. Facility type and condition.....12

2. Facility square footage.....13

3. NAVFACINST 11010.44E.....13

4. Outside utilization.....14

6. Marine Corps Reserve Vehicles & Equipment.....15

7. Other Training Buildings.....16

9. Authorized/Directed Drill Utilization outside of buildings.....17

10. Equipment Utilized.....18

11. Unusable Areas.....19

12. Limited Use Areas.....19

a. Restricted Use.....19

Berthing Capacity Module.....20

Weapons and Munitions Module.....25
Location
1. Proximity to Reservists.....29
2. Proximity to Transportation Nodes..... 29
3. Proximity to Mobilization Sites..... 29
Weather.....30
Features and Capabilities.....31
Ability for Expansion..... 32
Quality of Life Module.....35

4297
COPIES

## Introduction

1. Purpose. This introduction provides general instructions for replying to this data call; individual questions and footnotes give specific instructions for completion of tables, computations, etc.

2. References

a. Refer to the NAVFAC P-72 for Facility (drill space) Category Code Numbers (CCNs).

b. Refer to the NAVFAC P-72 for Facility Category Code Numbers (CCNs).

c. NAVFAC P-80 provides a discussion of the general nature of each CCN; use it to delineate "types" of facilities that share a common CCN.

d. Refer to NAVFACINST 11010.44E for definition of adequate, substandard, and inadequate facilities.

3. Definition of Terms. For purposes of this data call the following apply:

a. A **Course of Instruction** (i.e. Navy Rights and Responsibilities Workshop, Operations Security ) comprises one or more individual contact periods (classes).

b. A **Facility** is a space (e.g. a room), a defined area (e.g. a range), a structure (e.g. a building), or a structure other than a building (e.g. an obstacle course); it is possible for a building to house one or more facilities of different types.

4. Coordinating Instructions

a. Enter the primary UIC *of the data call respondent* at the bottom of each page of the response; ensure that additional pages created include this identifier.

b. Where information about current facilities available is requested, include MILCON projects that are not BRAC related, which have been authorized and appropriated and for which contracts are to be awarded by 30 September 1994; *do not* include projects submitted in the FY 95 Presidential Budget. Proposed MILCON projects in support of previous BRAC decisions should be included in response by gaining activities but excluded from closing or losing activities.

c. If any of the information requested is subject to change between now and the end of Fiscal Year 2001 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

d. Tenant activities of a Reserve Training Center that use space must be

4297

accounted for under the Reserve Command/Center UIC for all courses taught and classroom space utilized.

e. Unless specified otherwise, "throughput" figures should include that from all sources (DON, other DoD, reserve and/or active components, and non-DoD).

f. Use "N/A" to respond to a question and/or table that does not apply; **provide the reason(s) why it is not applicable.**

i. Provide best estimates where projections of future requirements are requested.

4297 COPIES

## MISSION REQUIREMENTS

Mission Statement: State the mission of this Reserve Command/Center in sufficient detail that it can be distinguished from other Reserve facilities.

* To pay and provide Personnel Administration for over 200 Selected Navy reservists in the Eugene, Oregon area and surrounding areas.

* Provide logistics support to assigned units with respect to shops, training equipment and material.

* To assist and advise unit commanding officers of assigned units to ensure that training is conducted per current directives.

* To provide training support in the form of guidance, computer software and travel arrangements to unit personnel.

* To coordinate recruiting efforts with Station Recruiter, in order to maintain personnel strengths.

* To maintain training equipment, motor vehicles, instructional material, and all other regularly furnished equipment.

* To safeguard classified material.

* To promote a spirit of mutual cooperation and undivided effort between active and inactive duty personnel.

* To perform other duties as prescribed by other Navy Regulations and other directives.

FUTURE POSSIBLE PLANS CALL FOR CONSOLIDATION OF SALEM + EUGENE AT OREGON NATIONAL GUARD SITE IN EUGENE

AMC
CNSRF
331
22 Jun 94

4297 Copies

6 27 98

Mission Requirements

A. Authorized/Directed Drill Utilization

1. Using the table below, indicate the utilization of drill space that are currently conducted at your Reserve Command/Center. For each utilization give the number of students trained, "throughput" during FY 1993, what facility in the Reserve Command/Center was utilized, or CCN outside of the Reserve Center, and the number of facility hours used in each utilization. A facility hour is equal to the number of facilities used times the number drill period hours per year the facility was occupied. For example if a Reserve Command/Center utilizes 5 classrooms, 48 weekends a year for 16 hours, the facility hours would be 5 x 48 x 16 = 3840.

| Purpose of Utilization | Student Throughput | # of Uses | Drill Space Utilized | Facility (space) Hours |
|---|---|---|---|---|
| General M[illegible] Training | 200 | 96 | 171-40 | 96 |
| Reserve Training | 200 | 96 | 171-15 | 1,440 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



4297 COPIES

62298

2. For the instruction conducted by your personnel away from the Reserve Command/Center during Authorized Directed Drill periods, list the type of instruction, number of training instances, and the method of instruction (i.e. off-site instructor, audio visual presentation, etc. ).

| INSTRUCTION | FREQUENCY OF INSTRUCTION | METHOD OF INSTRUCTION |
|---|---|---|
| CPR Inst. Trng. | 2 / year | off-site instructor |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4297 COPIES

62298

3. For the instruction available at your Reserve Command/Center, list the type of instruction, number of training instances, and the method of instruction (i.e. off-site instructor, audio visual presentation, video tape, etc.) that could be conducted away from your installation during your normal Authorized/Directed drilling periods.

| INSTRUCTION | FREQUENCY OF INSTRUCTION PER YR. | METHOD OF INSTRUCTION |
|---|---|---|
| CPR Training | 4 /yr. | Instructor |
| 3M | 4 /yr | Instructor |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4. List facility (drill space) uses of your Reserve Command/Center that require special/unique facilities (drill spaces) which are not reasonably available (within 100 miles) at any other Guard or Reserve Command/Center. None.

| Course | Unique/Special Facility Requirements |
|---|---|
| | |
| | |
| | |
| | |
| | |

B. Other Training Support

1. Client/Customer Base.

4297

62298

a. List all Reserve units/tenants assigned and supported by this facility as of 30 September 1994, the UIC or identifying number, and their manning levels.

| UNIT | MILITARY BRANCH | UIC | RESERVE MANNING LEVEL | ACTIVE DUTY SUPPORT MANNING LEVEL | CIVILIAN MANNING LEVEL |
|---|---|---|---|---|---|
| VTU | USNR | 22046 | 4 | | Ø |
| PHIB | USNR | 82687 | 29 | | Ø |
| 6THMED | USNR | 83412 | 2 | | Ø |
| NMCB18 | USNR | 85183 | 31 | | Ø |
| NCTAMS | USNR | 86852 | 15 | | Ø |
| NRMTF | USNR | 87919 | 44 | | Ø |
| FLTHOSP | USNR | 88788 | 37 | | Ø |
| WEPSTA | USNR | 89409 | 41 | | Ø |
| STAFF | USNR | 62298 | | 9 | |

b. List all other units/groups not previously mentioned (active, reserve, guard, civilian, social agency, charitable organization,etc.) that utilizes space at your installation as of 30 September 1994.

| UNIT | Facilities Used |
|---|---|
| DIS | 1 OFFICE |
| DCASMA | 1 OFFICE |
| RETIRED AFFAIRS | 1 OFFICE |
| SCHOOL BOOK GIVEAWAY | 1 CLASSROOM |

SEA CADETS 1 CLASSROOM and SUPPLY CLOSET

62298

c. For Fiscal Year 1993 list the percentage of Authorized/Directed Drill Utilization performed at the Reserve Command/Center, Gaining Command or other site.

| UNIT | SITE | | |
|---|---|---|---|
| (Navy or Marine Corps | Reserve Command/Center | Gaining Command | Other Site |
| VTU 2204 G | 95 | 0 | 5 |
| NR PHIBCB 1 DET 22 | 70 | 30 | 0 |
| 6TH ENG SUP BATT DET | 20 | 80 | 0 |
| NMCB 18 0718 | 75 | 0 | 25 |
| NCTAMS WPAC 322 | 75 | 0 | 25 |
| FLT HOSP 9 DET D | 85 | 0 | 15 |

d. For fiscal years 1991, 1992 and 1993, how many reservists not assigned to your facilities performed Authorized/Directed Drills at your site (i.e. for additional duty, convenience, unique equipment or trainer unitization, etc.)? Include all military branches and supply explanation.

FY 91/92/93-USNR : 30 for exported training and temporary additional duty.

e. What percentage of your assigned Navy and Marine Corps Reserve Units' Authorized/Directed Drill Utilization is spent in Fleet contributory (Peacetime) support both at your Reserve Command/Center and at other activities? Specify percentage and where performed.

| | % SPENT ON FLT SUPPORT | WHERE PERFORMED |
|---|---|---|
| 6TH ENG SUP BATT DET | 80 | USNCR [illegible] |
| NMCB 18 0718 | 25 | COMMUNITY [illegible] |
| FLT HOSP 9 DET D | 15 | [illegible] |
| NR [illegible] 22 | 25 | NR MAINTENANCE [illegible] FACILITY [illegible] |
| WEPS [illegible] | 20 | WEAPONS [illegible] CALIF |

4297 COPIES

62298

c. For Fiscal Year 1993 list the percentage of Authorized/Directed Drill Utilization performed at the Reserve Command/Center, Gaining Command or other site.

| UNIT | SITE | | |
|---|---|---|---|
| (Navy or Marine Corps | Reserve Command/Center | Gaining Command | Other Site |
| NRMTF PS 522 | 75 | 25 | 0 |
| WEPSTA CONCORD | 75 | 20 | 5 |
| | | | |
| | | | |
| | | | |
| | | | |

d. For fiscal years 1991, 1992 and 1993, how many reservists not assigned to your facilities performed Authorized/Directed Drills at your site (i.e. for additional duty, convenience, unique equipment or trainer unitization, etc.)? Include all military branches and supply explanation.

e. What percentage of your assigned Navy and Marine Corps Reserve Units' Authorized/Directed Drill Utilization is spent in Fleet contributory (Peacetime) support both at your Reserve Command/Center and at other activities? Specify percentage and where performed.

Continued from previous page

4297

62298

4. <u>Demographics</u> (Duplicate All charts as necessary)

A. List the average travel distances of Navy and Marine Corps Reservists and number that travel those average distances.

| | 0 - 50 miles | 51 - 100 miles | 100+ miles |
|---|---|---|---|
| # of Personnel | 235 | 64 | 73 |

These numbers include USMCR unit and all USNR units

B. List all military Guard and Reserve Command/Centers and distance within 100 miles of your reserve center:

| Name of Center | miles |
|---|---|
| ARMY RESERVE CENTER, EUGENE | .1 |
| OREGON NATIONAL GUARD, EUGENE | 3 |
| NAVAL AND MARINE CORPS RESERVE CENTER, SALEM | 60 |
| Headquarters, Oregon National Guard Salem, OR | 60 |

C. List the all military Reserve Command/Centers and distance between 100 and 200 miles of your Reserve Command/Center:

| Name of Center | miles |
|---|---|
| AIR FORCE RESERVE, KINGSLEY FIELD KLAMMATH FALLS | 185 |
| NAVAL AND MARINE CORPS RESERVE READINESS COMMAND PORTLAND | 120 |
| AIR NATIONAL GUARD, PORTLAND | 120 |
| OREGON NATIONAL GUARD [illegible] | 120 |

D. List all the Navy and Marine Corps Reserve Command/Centers in your state and the distance from your Reserve Command/Center to these centers. Indicate any shared training resources or facilities with these Reserve Command/Centers (i.e. shared equipment, instructors instruction materials, facilities (drill space) or training areas, etc, without regard to scheduling and/or manning conflicts..

| Name of Center | Miles | Resources Shared |
|---|---|---|
| NAVAL AND MARINE CORPS RESERVE CENTER, SALEM | 60 | None |
| Naval and Marine Corps Reserve [illegible] Center Portland, OR | 120 | None |
| Naval Reserve Center Center Port. OR | 120 | None |

4297 COPIES

62298

~~USMCR 152~~ / 97
~~> 50 30~~
~~> 100 30~~

4. <u>Demographics</u> (Duplicate All charts as necessary)

**A. List the average travel distances of Navy and Marine Corps Reservists and number that travel those average distances.**

| | 0 - 50 miles | 51 - 100 miles | 100+ miles |
|---|---|---|---|
| # of Personnel | 235 | 64 | 73 |

These numbers include USMCR unit and all USNR units

**B. List all military Guard and Reserve Command/Centers and distance within 100 miles of your reserve center:**

| Name of Center | miles |
|---|---|
| Oregon ARMY NATIONAL GUARD COTTAGE GROVE | 15 |
| Oregon Army National Guard, Newport OR | 95 |
| | |
| | |

This block continued from previous page.

**C. List the all military Reserve Command/Centers and distance between 100 and 200 miles of your Reserve Command/Center:**

| Name of Center | miles |
|---|---|
| Oregon Army National Guard, Redmond OR | 150 |
| Camp Rilea, Oregon Army National Guard, Seaside | 190 |
| | |
| | |

Cont F/99 I

**D. List all the Navy and Marine Corps Reserve Command/Centers in your state and the distance from your Reserve Command/Center to these centers. Indicate any shared training resources or facilities with these Reserve Command/Centers (i.e. shared equipment, instructors instruction materials, facilities (drill space) or training areas, etc, without regard to scheduling and/or manning conflicts..**

| Name of Center | Miles | Resources Shared |
|---|---|---|
| | | |
| | | |

This page continued from previous page

4297

E. List all other Guard, Reserve and non-DoD facilities within 100 miles your Reserve Command/Center that your assigned personnel could use for Authorized/Directed Drill Utilization or with which you could share resources or drill space (i.e shared equipment, instructors, instruction materials, facilities (drill space) or training areas, etc.)., without regard for scheduling and/or manning conflicts.

None.

F. For the entire Reserve Command/Center, summarize the average number of reservists on waiting lists for reserve billets in all units during the year. (i.e. VTU, IRR and recruits).

| RESERVISTS | FISCAL YEAR 1994 |
|---|---|
| OFFICER | 2 |
| ENLISTED | 5 |

G. What are the unique demographics of your area that could help or hinder the recruitment of the type(s) and/or numbers of Navy/Marine Corps Selected Reservists needed to fulfill your requirements?(i.e. limited maritime access, small population center, etc.)

N/A. No recruitment hinderances.

H. What are the unique demographics of your area that could help or hinder the recruitment of the type(s) and/or numbers of Navy/Marine Corps Selected Reservists needed to fulfill requirements at other Reserve Command/Centers? (i.e. large population center, proximity to active Navy facilities, etc.)

N/A. No recruitment hinderances.

H. List any other military support missions currently conducted at/from your Reserve Command/Center (e.g., port of embarkation for USNR and USMCR personnel, other active duty/reserve personnel or logistics transfer missions).

Re[illegible] (BuPERS sponsored)

I. Are any new military missions planned for this Reserve Command/Center?

No.

COPIES 4297

H. Other Non-Military Support

1. Does the Reserve Command/Center have a role in a disaster assistance plan, search and rescue, or local evacuation plan? If so, describe.

To respond to the local authorities if contacted. Otherwise to protect personnel and property of Reserve Center.

2. Does the Reserve Command/Center provide any direct support to local civilian, governmental or military agencies? If so, describe (e.g. drug awareness programs, CPR Training, honor guards for funerals, color guards for civic functions, etc.)

No.

3. Are any new civilian or other non-DoD missions planned for this Reserve Command/Center? If so, describe.

No.

4297 COPIES

## Facilities

A. **Facilities Description.** Complete the following tables as applicable.

1. Naval Reserve Centers; Marine Corps Reserve Training & Administration Buildings; and Reserve Naval Construction Forces: In the following table, indicate the space available; average age; condition of the facility; plant value; and amount and cost of leased space. (Facility Type/Functions obtained from the Facility Planning Criteria For Navy and Marine Corps Shore Installations, NAVFAC P-80)

| Facility Type/Function (in Sq. Ft. unless noted) | Av. Age YR. | Ad-equate | Substan-dard | Inad-equate | Total | Plant Value | Leased Property (SF) | Cost of Leas Property YR. |
|---|---|---|---|---|---|---|---|---|
| | | | SF | | | | | |
| Admin 5359 | 47 | | 5359 | | 5359 | 60,000.- | | |
| Classrooms 5648 | 47 | | 5648 | | 5648 | 75,000.- | | |
| Trainers | N/A | | | | | | | |
| Labs | N/A | | | | | | | |
| Shops 2154 | 47 | | 2154 | | 2154 | 25,000.- | | |
| Bays | | | | | | | | |
| Storage | 47 | | 3,000 | | 3,000 | 25,000.- | | |
| Supply | 47 | | 1,740 | | 1,740 | 10,000.- | | |
| Pistol Range (# of Facilities) | | | | | | | | |
| Other Ranges (Specify) (# of Facilities) | | | | | | | | |
| Armory 188 | 47 | 188 | | | 188 | 7,000.- | | |
| Parking - POV (Sq. Yds. (SY)) 700 | 47 | 700 | | | | | | |
| Parking - Organizational Vehicles (SY) | | 35 | | | 35 | | | ✓ |
| Land (Acres) 2.7 | 47 | 2.7 | | | | | 2.7 ACRES | 9,000.- |
| Other (Specify) | | | | | | | | |
| | | | | | | | | |

62298

2. Give the total square footage of the facilities (drill space) at your Reserve Center. Break out the square footage by the type of facilities (i.e. classroom, assembly hall, multi-media center, etc.), and within each type, by the material condition of the facility (i.e., Adequate, Substandard, and Inadequate).

| Facility (drill space)Type | Square Footage | Adequate | Substandard | Inadequate |
|---|---|---|---|---|
| Class Rm. Bldg | 5648 | | 5648 | |
| Drill Hall Bldg | 2498 | | 2498 | |
| Unit Admin Bldg | 2100 | | 2100 | |

3. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

4297 Copies

62298

4. List the location of space outside of the Reserve Command/Center utilized for drilling, if any, by Category Code Number CCN, as described in NAVFAC P-80, and the condition of those resources.

| CCN: | Adequate | Substandard | Inadequate |
|---|---|---|---|
| 149 GRAVEL PIT | 149 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | 149 | | |

5. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

62298

6. Marine Corps Reserve Vehicle & Equipment Maintenance Facility: Complete the following table.

| Facility Type | Automotive | | Track/Artillery Heavy Equipment | | General Space | Total |
|---|---|---|---|---|---|---|
| | Bays | SF | Bays | SF | 2.400 | |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | 2 | 2400 | | | | 2,400 |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |

SF----------Provide gross square feet
General Space-Includes office, storage, work benches and toilets

Facility Types:

| Unit Type | Facility Type |
|---|---|
| | Companies: |
| Infantry/Military Police | A |
| Communications/Reconnaissance | B |
| Anglico/MT/Amphib Tractor/Tank | C |
| Engineer/Transport | D |
| | Batteries: |
| 105 mmHOW/155 mmHOW | C |
| LAAM | D |
| SP:155 mmHOW/8" HOW | E |
| | Battalions: |
| Infantry/Reconnaissance | B |
| Tank/Artillery/Amphib Tractor/MT | C |
| Engineer/Artillery | E |

4297 COPIES

62298

7. Other Training Buildings

a. Give the square footage of any training buildings listed in the table below that are at available for use by your Reserve Center. Break out the square footage by the material condition of the facility (i.e., Adequate, Substandard, and Inadequate).

| CCN | Type of Training Building | Adequate | Substandard | Inadequate |
|---|---|---|---|---|
| 171-17 | TV CTR/Instruction Matter | | 1162 | |
| 171-25 | Auditorium | — | N/A | — |
| 171-36 | Radar Simulator Facility | — | N/A | — |
| 171-40 | Drill Hall | | 2498 | |
| 171-45 | Mock-up and Training Aid Preparation Center | — | N/A | — |
| 171-50 | Small Arms Range - Indoor | — | N/A | — |
| 171-60 | Recruit Processing Building | — | N/A | — |
| 171-77 | Training Material Storage | | 374 | |

8. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?
e. What other use could be made of the facility and at what cost?
f. Current improvement plans and programmed funding:
g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

4297 COPIES

62292

9. Facilities (drill space ) Other Than Buildings (CCN 179)

a. Using the table, give the number of training facilities other than buildings that are available for use or owned by your Reserve Command/Center. For each type of training facility, give the number that are in adequate, substandard, and inadequate condition. For the **Training Courses** and **Parade and Drill Fields** provide **number of facilities/acres.**

| CCN | Training Facilities | Number of Facilities | | |
|---|---|---|---|---|
| | | Adequate | Substandard | Inadequate |
| 179-35 | Weapons Range Operations Tower | — | N/A | — |
| 179-40 | Small Arms Range - Outdoor | — | N/A | — |
| 179-45 | Training Mock-Ups | — | N/A | — |
| 179-50 | Training Course | / — | N/A | — / |
| 179-55 | Combat Training Pool/Tank | — | N/A | — |
| 179-60 | Parade and Drill Field | / — | N/A | — / |
| 179-71 | Electronic Warfare Training Range | — | N/A | — |
| 179-72 | Underwater Tracking/Training Range | — | N/A | — |

10. 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:

a. Facility Type/Code:
b. What makes it inadequate?
c. What use is being made of the facility?
d. What is the cost to upgrade the facility to substandard?

4297 COPIES

62298

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

f. Current improvement plans and programmed funding:

g. Has the facility's condition caused a "C3" or "C4" designation on your BASEREP?

11. Airfields and Airspace

a. Airspace. List any airspace utilized by units at your Reserve Command/Center.

| Airspace Name | Dimensions | Scheduling Agency | Controlling Agency |
|---|---|---|---|
| N/A | | | |

b. Airfields. List any airfield used by units at your Reserve Command/Center.

| Airfield | Location | Ownership (Service/non-DoD) |
|---|---|---|
| N/A | | |

12. Equipment Utilized

a. List any major or unique equipment, which in your opinion, would be cost prohibitive to replicate or move to a new site should you be required to close or relocate. Indicate if it is feasible to relocate the equipment, gross tonnage, cube and the estimated downtime for training if relocated.

| Equipment | Relocatable (Y/N) | Gross tons | Cube (ft3) | Estimated Down Time |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4297 COPIES

62298

13. Complete the following table for all areas controlled by your Reserve Command/Center or available by mutual agreement, that could be used for Authorized/Directed Drill Utilization which are considered unusable (i.e., overgrown, impassable, etc.).

| Potential Area | Unusable Acres | Reason Unusable |
|---|---|---|
| 2.7 | 2.7 | |
| | | |
| | | |
| | | |
| | | |

14. List possible utilization areas controlled by your Reserve Command/Center or available by mutual agreement, where availability or use is limited by concurrent use of another training area or facility (i.e., proximity of live fire range, an LZ within a larger training area, etc.).

| Training Area | Limitation(s) on Use or Availability |
|---|---|
| N/A | |
| | |
| | |
| | |
| | |

a. For **each** training area with environmental restriction, describe the restriction and the impact on your Authorized/Directed Drill Utilization, and any mitigation required.

| | |
|---|---|
| N/A | TRAINING AREA: |
| | RESTRICTION: |
| | IMPACT ON TRAINING: |
| | MITIGATION REQUIRED: |

BERTHING CAPACITY

15. For each **Pier/Wharf** at your facility list the following **structural characteristics**.

COPIES 4297

62298

Indicate the additional controls required if the pier is inside a Controlled Industrial Area or High Security Area. Provide the average number of days per year over the last eight years that the pier was out of service (OOS) because of maintenance, including dredging of the associated slip:

Table 11.1

| Pier/ Wharf & Age1 | CCN2 | Moor Length (ft) | Design Dredge Depth3 (ft) (MLLW) | Slip Width4 (ft) | Pier Width (ft)5 | CIA/Security Area? (Y/N)6 | ESQD Limit 7 | # Days OOS for maint. |
|---|---|---|---|---|---|---|---|---|
| N/A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

1Original age and footnote a list of MILCON improvements in the past 10 years.
2Use NAVFAC P-80 for category code number.
3Comment if unable to maintain design dredge depth
4Water distance between adjacent finger piers.
5Indicate if RO/RO and/or Aircraft access. Indicate if pier structures limit open pier space.
6Describe the additional controls for the pier.
7Net explosive weight. List all ESQD waivers that are in effect with expiration date.

4297 COPIES

16. For each **Pier/Wharf** at your facility list the following **ship support characteristics:**

Table 12.1

| Pier/ Wharf | OPNAV 3000.8 (Y/N) | Shore Pwr (KVA) & 4160V (KVA) | Comp. Air Press. & Capacity1 | Potable Water (GPD) | CHT (GPD) | Oily Waste1 (gpd) | Steam (lbm/hr & PSI)2 | Fendering limits3 |
|---|---|---|---|---|---|---|---|---|
| | N/A | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

1List only permanently installed facilities.
2Indicate if the steam is certified steam.
3Describe any permanent fendering arrangement limits on ship berthing.

4297

62298

17.For each **pier/wharf** listed above state today's normal **loading**, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 13.1

| Pier/ Wharf | Typical Steady State Loading1 | Ship Berthing Capacity | Ordnance Handling Pier Capacity2 | IMA Maintenance Pier Capacity3 |
|---|---|---|---|---|
| | N/A | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1Typical pier loading by ship class with current facility ship loading.

2List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.

3List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown, or access limitations.

4297 Copies

62298

18. For each pier/wharf listed above, based on Presidential Budget 1995 budgeted **infrastructure improvements in the Presidential Budget 1995 through FY 1997 and the BRAC-91 and BRAC-93 realingnments**, state the expected normal **loading**, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 14.1

| Pier/ Wharf | Typical Steady State Loading1 | Ship Berthing Capacity | Ordnance Handling Pier Capacity2 | IMA Maintenance Pier Capacity3 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | N/A | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1Typical pier loading by ship class with current facility ship loading.

2List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.

3List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown, or access limitations.

4297 COPIES

19.a. How much pier space is required to **berth and support ancillary craft** (tugs, barges, floating cranes, etc.) currently at your facility? Indicate if certain piers are uniquely suited to support these craft.

N/A

19.b. What is the average pier loading in ships per day due to **visiting ships** at your base. Indicate if it varies significantly by season.

N/A

19.c. Given **no funding or manning limits**, what modifications or improvements would you make to the waterfront infrastructure to increase the cold iron ship berthing capacity of your installation? Provide a description, cost estimates, and additional capacity gained.

N/A

19.d. Describe any **unique limits or enhancements** on the berthing of ships at specific piers at your base.

N/A

4297 COPIES

## 20. WEAPONS AND MUNITIONS

Please answer the following questions if your activity performs any stowage or maintenance on any of the following ordnance commodities types:

N/A

### 1. Ordnance Stowage and Support

1.1 Provide present and predicted inventories (coordinate with inventory control manager) and maximum rated capability of all stowage facilities at each weapons storage location controlled by this activity. In predicting the out year facility utilization, distribute overall ordnance compliment to the most likely configuration. The maximum rated capability is also an out year projection taking into account any known or programmed upgrades that may increase current stowage capacity. When listing stowage facilities, group by location (e.g. main base, outlying field, special area).

Table 1.1: **Total Facility Ordnance Stowage Summary**

| Facility Number | PRESENT INVENTORY | | PREDICTED INVENTORY FY 2001 | | MAXIMUM RATED CAPABILITY | |
|---|---|---|---|---|---|---|
| | TONS | SQ FT | TONS | SQ FT | TONS | SQ FT |
| | N/A | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

4297 Copies

62298

1.2For each Stowage facility identified in question 1.1 above, identify the type of facility (specify if "igloo", "box", etc.). Identify the type of ordnance commodity (from the list above) which are currently stowed in that facility and all other ordnance types which, given existing restrictions, could be physically accommodated in that stowage facility. Specify below if such additional accommodation would require a modification of the facility (e.g. enhanced environmental controls, ESQD waiver).

•Identify the reason(s) for which this ordnance is stored at your facility from the following list: own activity use (training); own activity use (operational stock); Receipt/Segregation/ Stowage/Issue (RSSI); transhipment/awaiting issue; deep stow (war reserve); deep stow (awaiting Demil); other. Explain each "other" entry in the space provided, including ordnance stowed which is not a DON asset.

Table 1.2: **Total Facility Ordnance Stowage Summary**

| Facility Number/Type | Currently Stowed Commodity Type(s) | Reason for Stowage at your Activity | Commodity Type(s) Which Can Be Stowed |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Additional comments:

4297 COPIES

1.3 Identify the rated category, rated NEW and status of ESQD arc for each stowage facility listed above.

Table 1.3: **Facility Rated Status**

| Facility Number / Type | Hazard Rating (1.1-1.4) | Rated NEW | ESQD Arc | | |
|---|---|---|---|---|---|
| | | | Established (Y / N) | Waiver (Y / N) | Waiver Expiration Date |
| N/A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

4297 Copies

## Location

1. **Proximity to Reservists.**

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

NOT IMPORTANT

b. On the average, how long does it take your personnel, including drilling reservists to reach your facility?

30 MIN.

2. **Proximity to Transportation Nodes.** How far are the nearest air, rail, sea and ground transportation nodes?

AIR IS 15 MI
RAIL IS 5 MI
GROUND 1.5 MI

TAXI & BUS ARE AVAILABLE IN FRONT OF CENTER

3. **Proximity to Mobilization Sites.** What is the importance of your location given your mobilization requirements?

NOT IMPORTANT

4297 COPIES

## Weather

A. In Fiscal Year 1993, what percentage of drills were cancelled because reservists were unable to travel to the Reserve Command/Center due to weather conditions?

0%

B. In Fiscal year 1993, what percentage of scheduled drills were cancelled because of weather?

0%

4297 COPIES

**Features and Capabilities**

C. Unique Features

1. Does the geographic location and the associated natural features of this Reserve Command/Center contribute to the quality of training or detract from the quality of training at the installation? Explain.

SOMEWHAT; The building is 47 yrs old Although well kept needs improvement to make for quality enviorments in classroom

2. What other factors beyond your control have affected training over the past five years? Describe the resulting impact.

NONE

3. Identify any unique (one of a kind) features (function, equipment, ranges, etc.) possessed by this Reserve Command/Center that have not been previously mentioned. Please list each feature separately and provide a narrative explanation of the importance of the unique feature.

NONE

4297 COPIES

**Features and Capabilities**

E. Ability for Expansion

1. Does the operational infrastructure of the Reserve Center (e.g., classrooms, administrative facilities, fuel and munitions storage, warehouse space) provide capabilities for future expansion or change in mission? If yes, explain why.

No.

2. What is the availability of adjacent acreage for possible future Reserve Training Center expansion or development?

NONE.

4297 COPIES

62298

## Features and Capabilities

3. Identify in the table below the real estate resources which have the potential to facilitate future development and for which you are the plant account holder or into which, though a tenant, your activity could reasonable expect to expand. Complete a separate table for each individual site, i.e., main base, outlying airfields, special off-site areas, off base housing, etc. Unit of measure is acres. Developed area is defined as land currently with buildings, roads, and utilities that prevent it from being further developed without demolition of existing infrastructure. Include in"Restricted" areas that are restricted for future development due to environmental constraints (e.g. wet lands, landfills, archaeological sites), operational restrictions (e.g. ESQD arcs, HERO, HERP, HERF, AICUZ, ranges) or cultural resources. Identify the reason for the restriction when providing the acreage in the table below. Specify any other entry in "Other" (e.g. submerged lands).

**Site Location:** _____

| Land Use | Total Acres | Developed | Available for Development | |
|---|---|---|---|---|
| | | | Restricted | Unrestricted |
| Operational | 1.0 | 1.0 | | |
| Training | .5 | .5 | | |
| Maintenance | .25 | .25 | | |
| Research & Development | 0 | 0 | | |
| Supply and Storage | .35 | .35 | | |
| Admin | .35 | .35 | | |
| Housing | 0 | 0 | | |
| Recreational | .25 | .25 | | |
| Navy Forestry Program | 0 | 0 | | |
| Navy Agricultural Outlease Program | 0 | 0 | | |
| Hunting/fishing Programs | 0 | 0 | | |
| Other | 0 | 0 | | |
| TOTAL | 2.7 | 2.7 | | |

Features and Capabilities

E. Ability for Expansion (cont.)

COPIES 4297

62298

4. Identify the features of this Reserve Center that make it a strong candidate for supporting other types of training and units in the future.

THERE ARE NONE NOTED.

4297 COPIES

62298

**Features and Capabilities**

F. Quality of Life

1. Military Housing

(a) Family Housing:

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

(2) For military family housing in your locale provide the following information: N/A. No family housing in locale.

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

(3) 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?

4297 COPIES

62298

**Features and Capabilities**

F. Quality of Life (cont.)

(4) Complete the following table for the military housing waiting list. N/A. No military housing.

| Pay Grade | Number of Bedrooms | Number on List | 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+ | | |

COPIES 4297

62298

**Features and Capabilities**

F. Quality of Life (cont.)

(5) 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. N/A. No base housing.

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

(6) 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)?

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | |
| Substandard | |
| Inadequate | |

(8) 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?

4297 COPIES

62298

**Features and Capabilities**

F. Quality of Life (cont.)

(b) BEQ: N/A. No BEQ.

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

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | |
| Substandard | |
| Inadequate | |

(2) 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?

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

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

(4) 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.) | 1 | | |
| Spouse Employment (non-military) | | | |
| Other | | | |
| TOTAL | | 100 | |

(5) How many geographic bachelors do not live on base? 1

4297

62298

**Features and Capabilities**

F. Quality of Life (cont.)

(c) BOQ:

(1) Provide the utilization rate for BOQs for FY 1993. N/A. No BOQ.

| Type of Quarters | Utilization Rate |
|---|---|
| Adequate | |
| Substandard | |
| Inadequate | |

(2) 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?

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

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

(4) 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 | |

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

4297 COPIES

62298

**Features and Capabilities**

F. Quality of Life (cont.)

2. For on-base MWR facilities 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_____

N/A.

No on-base MWR facilities or off base gov't owned/leased recreation facilities.

| 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 | | |

**Features and Capabilities**

F.. Quality of Life (cont.)

| Facility | Unit of Measure | Total | Profitable (Y,N,N/A) |
|---|---|---|---|
| Volleyball CT (outdoor) | Each | | |

4297 COPIES

62298

| | | | |
|---|---|---|---|
| Basketball CT (outdoor) | Each | | |
| Racquetball CT | Each | | |
| Golf Course | Holes | | |
| Driving Range | Tee Boxes | | |
| Gymnasium | SF | | |
| Fitness Center | SF | 1 | N |
| Marina | Berths | | |
| Stables | Stalls | | |
| Softball Fld | Each | | |
| Football Fld | Each | | |
| Soccer Fld | Each | | |
| Youth Center | SF | | |
| | | | |

3. Is your library part of a regional interlibrary loan program? NO.

4297 COPIES

62298

**Features and Capabilities**

F. Quality of Life (cont.)

4. Base Family Support Facilities and Programs

N/A Not located on a base.

a. 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 | | | | | | |

b. 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?

c. 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.

d. How many "certified home care providers" are registered at your base?

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

4297 COPIES

**Features and Capabilities**

F.. Quality of Life (cont.)

f. 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 | |
| | | |

N/A. Not on base

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

| City | Distance (Miles) |
|---|---|
| Portland, OR | 120 |
| Seattle, WA | 550 |
| San Francisco, CA | 475 |

**Features and Capabilities**

C. Quality of Life (cont.)

4297 COPIES

62298

6. Standard Rate VHA Data for Cost of Living:

| Paygrade | With Dependents | Without Dependents |
|---|---|---|
| E1 | 24.24 | 13.56 |
| E2 | 24.24 | 15.25 |
| E3 | 18.39 | 13.55 |
| E4 | 41.67 | 29.08 |
| E5 | 53.62 | 37.43 |
| E6 | 73.93 | 50.32 |
| E7 | 90.45 | 62.83 |
| E8 | 105.11 | 79.46 |
| E9 | 121.52 | 92.25 |
| W1 | 138.94 | 105.52 |
| W2 | 101.83 | 79.87 |
| W3 | 106.09 | 86.24 |
| W4 | 94.35 | 83.65 |
| O1E | 73.82 | 54.80 |
| O2E | 93.09 | 74.22 |
| O3E | 97.89 | 82.82 |
| O1 | 48.64 | 35.84 |
| O2 | 75.07 | 58.67 |
| O3 | 80.45 | 67.73 |
| O4 | 102.42 | 89.07 |
| O5 | 106.93 | 88.43 |
| O6 | 83.39 | 69.02 |
| O7 | 10.74 | 8.72 |

**Features and Capabilities**

F.. Quality of Life (cont.)

7. Off-base housing rental and purchase

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

4297 COPIES

62298

March 1994.

| Type Rental | Average Monthly Rent | | Average Monthly Utilities Cost |
|---|---|---|---|
| | Annual High | Annual Low | |
| Efficiency | 550 | 350 | 50 |
| Apartment (1-2 Bedroom) | 700 | 550 | 65 |
| Apartment (3+ Bedroom) | 800 | 650 | 80 |
| Single Family Home (3 Bedroom) | 900 | 750 | 100 |
| Single Family Home (4+ Bedroom) | 1,200 | 950 | 110 |
| Town House (2 Bedroom) | 850 | 650 | 75 |
| Town House (3+ Bedroom) | 1000 | 800 | 85 |
| Condominium (2 Bedroom) | 850 | 700 | 75 |
| Condominium (3+ Bedroom) | 950 | 750 | 85 |

4297 COPIES

62298

**Features and Capabilities**

F. Quality of Life (cont.)

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

| Type Rental | Percent Occupancy Rate |
|---|---|
| Efficiency | 98.5 |
| Apartment (1-2 Bedroom) | 98.5 |
| Apartment (3+ Bedroom) | 98.5 |
| Single Family Home (3 Bedroom) | 99.0 |
| Single Family Home (4+ Bedroom) | 99.0 |
| Town House (2 Bedroom) | 98.0 |
| Town House (3+ Bedroom) | 98.0 |
| Condominium (2 Bedroom) | 98.5 |
| Condominium (3+ Bedroom) | 98.5 |

Estimate provided by Lane County [illegible]

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

| Type of Home | Median Cost |
|---|---|
| Single Family Home (3 Bedroom) | 89,900 |
| Single Family Home (4+ Bedroom) | 107,800 |
| Town House (2 Bedroom) | 70,000 |
| Town House (3+ Bedroom) | 85 000 |
| Condominium (2 Bedroom) | 70,000 |
| Condominium (3+ Bedroom) | 85,000 |

**Features and Capabilities**

F. Quality of Life (cont.)

4297 COPIES

62298

(d) 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 | 26 | 81 | 18 |
| February | 44 | 137 | 29 |
| March | 63 | 195 | 42 |
| April | 50 | 156 | 34 |
| May | 90 | 280 | 60 |
| June | 58 | 179 | 39 |
| July | 59 | 182 | 39 |
| August | 62 | 192 | 41 |
| September | 62 | 192 | 41 |
| October | 43 | 133 | 29 |
| November | 41 | 127 | 27 |
| December | 26 | 81 | 18 |

Data provided by Eugene Multiple Listing Office.

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

Location: near University Area, climate, clean environment

Western part of Eugene [illegible] higher [illegible]
(better [illegible])

4297 COPIES

62298

**Features and Capabilities**

F. Quality of Life (cont.)

8. 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

N/A

All billets are shore billets.

9. 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) |
|---|---|---|---|
| Springfield | 50 | 5 | 10 |
| Eugene | 40 | 3 | 5 |
| Florence | 10 | 70 | 100 |
| | | | |
| | | | |

4297 COPIES

## Features and Capabilities

F. Quality of Life (cont.)

10. 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:

(a) 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 |
|---|---|---|---|---|---|---|---|
| 4J School Dist | PUBLIC | K-12 | Y | Ø | 469/523 | 50-80 | Dir. 2nd Ed. |
| Springfield | PUBLIC | K-12 | Y | Ø | 470/520 | 50-80 | Dir of Admin. |
| OHara | PAROCHIAL | K-8 | N | $2,700 | NOT AVAIL | N/A | Admin. |
| Marist H.S. | PAROCHIAL | 9-12 | N | $4,000 | NOT AVAIL | 90 | Office of Admiss. |
| Delphion Sch. | Private | 1-12 | Y | $3,800 | NOT AVAIL | 95 | Admissions Office |

62298

N/A. No base facilities. (No courses held @ Reserve Center)

**Features and Capabilities**

F. Quality of Life (cont.)

(c) 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-pondenc | | | | | |
| | Day | | | | | |
| | Night | | | | | |
| | Corres-pondenc | | | | | |
| | Day | | | | | |
| | Night | | | | | |
| | Corres-pondenc | | | | | |
| | Day | | | | | |
| | Night | | | | | |
| | Corres-pondenc | | | | | |

COPIES 4297

62298

## Features and Capabilities

F. Quality of Life (cont.)

11. 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 | N/A | N/A | N/A | |
| Manufacturing | N/A | N/A | N/A | |
| Clerical | N/A | N/A | N/A | |
| Service | N/A | N/A | N/A | |
| Other | N/A | N/A | N/A | |

N/A
No Family Services Center in locale.

12. 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.

My staff uses civilian health care w/o difficulty.

13. 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.

There is only one Dentist who accepts Delta Dental. No one accepts CHAMPUS Assignment in this area. Members have to absorb costs.

4297 COPIES

**Features and Capabilities**

F. Quality of Life (cont.)

(b) 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 | |
| Lane community College | Day | yes | yes | yes | yes | no |
| | Night | yes | yes | yes | yes | no |
| University of Oregon | Day | yes | yes | yes | yes | yes |
| | Night | yes | yes | yes | yes | yes |
| Linfield College | Day | yes | yes | yes | yes | no |
| | Night | yes | yes | yes | yes | no |
| | Day | | | | | |
| | Night | | | | | |

4297 COPIES

62298

## Features and Capabilities

F. Quality of Life (cont.)

14. 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) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 2. Blackmarket (6C) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 3. Counterfeiting (6G) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 4. Postal (6L) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

4297 Copies

62298

**Features and Capabilities**

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 5. Customs (6M) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 6. Burglary (6N) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 7. Larceny - Ordnance (6R) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 8. Larceny - Government (6S) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

4297

**Features and Capabilities**

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 9. Larceny - Personal (6T) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 10. Wrongful Destruction (6U) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 11. Larceny - Vehicle (6V) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 12. Bomb Threat (7B) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

4297 COPIES

**Features and Capabilities**

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 13. Extortion (7E) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 14. Assault (7G) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 15. Death (7H) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 16. Kidnapping (7K) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

4297 Copies

## Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 18. Narcotics (7N) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 19. Perjury (7P) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 20. Robbery (7R) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 21. Traffic Accident (7T) | | | |
| Base Personnel - military | 1 | 1 | 1 |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

4297 COPIES

62298

## Features and Capabilities

F. Quality of Life (cont.)

| Crime Definitions | FY 1991 | FY 1992 | FY 1993 |
|---|---|---|---|
| 22. Sex Abuse - Child (8B) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 23. Indecent Assault (8D) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 24. Rape (8F) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |
| 25. Sodomy (8G) | None | None | None |
| Base Personnel - military | | | |
| Base Personnel - civilian | | | |
| Off Base Personnel - military | | | |
| Off Base Personnel - civilian | | | |

4297 Copies

## BRAC-95 CERTIFICATION

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

P. S. HINE
NAME (Please type or print)

P. S. Hine
Signature

Commanding Officer
Title

17 June 1994
Date

N/A
Division

N/A
Department

NAVMARCORESCEN, EUGENE, OR
Activity



62298
4607 COPIES

Data Call 49 Activity: NMCRC Eugene, OR

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

ACTING
Title

Signature

15 JUL 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)

CAPT. S.M. BROOKER
NAME (Please type or print)

SMBrooker
Signature

Commander, Acting
Title

6/18/94
Date

NAVAL RESERVE READINESS
COMMAND REGION TWENTY-TWO
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)

J.W. FITZGERALD CAPT USNR
NAME (Please type or print)

Signature

Commander Acting
Title

28 JUN 1994
Date

COMNAVSURFRESFOR
Activity

28 JUN 1994

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)

TF Hall
Signature

Title

7/5/94
Date

Activity

## 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

P. S. HINE
NAME (Please type or print)

P. S. Hine
Signature

Commanding Officer
Title

17 June 1994
Date

NAVMARCORESCEN, EUGENE, OR
Activity



4607 COPIES

# Document Separator

735

Activity: 62298

**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 | Naval and Marine Corps Reserve Center, Eugene, OR |
| Acronym(s) used in correspondence | NAVMARCORESCEN, Eugene, OR |
| Commonly accepted short titles | NMCRRC Eugene, OR |

* Complete mailing address: Commanding Officer
NAVMARCORESCEN
1520 W. 13TH AVE.
EUGENE, OR 97402-3899

* PLAD: NAVMARCORESCEN EUGENE OR

* PRIMARY UIC: ___62298_____ (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 _X_ No ___ (check one)

Activity: 62298

Data Call 1: General Installation Information, continued

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 _X_ 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.

Yes ___ No _X_ (check one)

Primary Host (current) UIC: _____

Primary Host (as of 01 Oct 1995) UIC: _____

Primary Host (as of 01 Oct 2001) UIC: _____

* **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)

Activity: 62298

Data Call 1: General Installation Information, continued

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 | N/A | N/A |

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 | N/A | N/A | N/A | 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.

N\A

Activity: 62298

Data Call 1: General Installation Information, continued

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

* To pay and provide Personnel Administration for over 200 Selected Navy reservists.

* Provide logistics support to assigned units with respect to shops, training equipment and material.
* To assist and advise unit commanding officers of assigned units to ensure that training is conducted per current directives.
* To provide training support in the form of guidance, computer software and travel arrangements to unit personnel.
* To coordinate recruiting efforts with Station Recruiter, in order to maintain personnel strengths.
* To maintain optimum material conditions for operations and security of Reserve Center.
* To maintain training equipment, motor vehicles, instructional material, and all other regularly furnished equipment.
* To safeguard classified material.
* To promote a spirit of mutual cooperation and undivided effort between active and inactive duty personnel.
* To perform other duties as prescribed by other Navy Regulations and other directives.

Projected Missions for FY 2001

* THE EXPECTED NUMBER OF SELRES WILL INCREASE DUE TO PLANNED UNIT RELOCATION RESULTING FROM ANTICIPATE SURFACE ACTIVITY CLOSURES.

AMC
CNSRF 331
3 Feb 94

Data Call 1: General Installation Information, continued

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

* To support the attached Retired Affairs Office (West Central Oregon Region).
* To support the Navy Sea Cadets.

Projected Unique Missions for FY 2001

* Same as current above.

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<br>COMNAVRESREDCOMREG 22 | UIC:<br>68328 |
| * Funding Source<br>N/A | UIC:<br>N/A |

Activity: 62298

Data Call 1: General Installation Information, continued

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 | 1 | ~~8~~ 7 | 0 | AMC CNSRF 331 3 Feb 94 |
| *Selected Reserve (USN) | 18 | 200 | 0 | |
| *Tenants (total) | 2 | 8 | 2 | |
| *Selected Reserve (USMC) | 5 | 154 | 0 | |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) | |
|---|---|---|---|---|
| *Reporting Command | 1 | ~~7~~ 8 | 0 | AMC CNSRF 331 3 Feb 94 |
| *Selected Reserve (USN) | 22 | 211 | 0 | |
| *Tenants (total) | 1 | 8 | 0 | |
| *Selected Reserve (USMC) | 5 | 152 | 0 | |

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.

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| * CO/OIC<br>LCDR P.S. HINE | (503)342-1887 | (503)683-5669 | (503)997-5830 |
| * Duty Officer<br>BTCS R.C. BONDS | (503)342-1887 | (503)683-5669 | (208)257-3728 |
| * ETC G.T. STEEL | (503)342-1887 | (503)683-5669 | (503)689-7051 |
| *MA1 W.D. WASHBURNE | (503)342-1887 | (503)683-5669 | (503)747-5313 |

Activity: 62298

Data Call 1: General Installation Information, continued

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 |
|---|---|---|---|---|
| ~~6TH BRIDGE COMPANY~~ | ~~77775~~ | ~~5~~ 0 | ~~154~~ 0 | 0 |
| I&I STAFF | 87244 | 2 | 8 | 0 |
| DEFENSE CONTRACTING MANAGEMENT ADMIN OFFICE | S4801A | 0 | 0 | 1 |
| DIS OFFICE | HS52PD | 0 | 0 | 1 |

NMC CNSRF3 3 Feb 94

* 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 | | | | | |

Data Call 1: General Installation Information, continued

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 |
|---|---|---|
| - Naval Reserve Recruiting Command | Onboard | Office space, Admin support. |
| - Retired Affairs | Onboard | Office space, telephone, cleaning. |
| - Navy Sea Cadets | Onboard | Space. |
| - Book Give Away Center | Onboard | Space. |
| e.g. DLA (DoD Agency Name)<br>N/A | Somewhere, CA | Purchasing/ contract Administration and public works support - ISSA. |
| USAF (Other Military Dept)<br>N/A | Anywhere AFB | warehouse space - MOU. |

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.)

**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**

PATRICIA S. HINE
NAME (Please type or print)

Patricia S. Hine
Signature

COMMANDING OFFICER
Title

25 JAN 94
Date

NAVAL AND MARINE CORPS RESERVE CENTER, EUGENE, OR
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)

K. W. MILLER CAPT/USNR
NAME (Please type or print)

Signature

DEPUTY COMMANDER ACTING COR
Title

31 JAN 94
Date

NAVRESREDCOMREG 22
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)

J. W. FITZGERALD
NAME (Please type or print)

Signature

Commander - Acting
Title

2 Feb 94
Date

COMNAVSURFRESFOR
Activity

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

**MAJOR CLAIMANT LEVEL**

T. F. HALL
NAME (Please type or print)

T. F. Hall
Signature

Commander, Naval Reserve Force
Title
4400 Dauphine St.
New Orleans, LA 70146
Activity

2/10/94
Date

NAMCRC EUGENE

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

15 Feb 1994
Date

735

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

| | |
|---|---|
| **Activity Name:** | NAVAL AND MARINE CORPS RESERVE CENTER, EUGENE, OR |
| **UIC:** | 62298 |
| **Major Clast Claimant:** | COMNAVRESFOR |

**General Instructions/Background:**

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.
Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

**Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the**

**source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.**

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**General Instructions/Background (Continued):**

**The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:**

**Note 1:** Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

**Note 2:** Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

**Note 3:** Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

**1. Workforce Data**

**a. Average Federal Civilian Salary Rate.** Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

| | |
|---|---|
| **Average Appropriated Fund Civilian Salary Rate:** | Ø |

| |
|---|
| **Source of Data (1.a. Salary Rate):** N/A |

# DATA CALL 65
# ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**b. Location of Residence.** Complete the following table to identify where employees live. Data should reflect current workforce.

**1) Residency Table.** Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

| County of Residence | State | No. of Employees Residing in County | | Percentage of Total Employees | Average Distance From Base (Miles) | Average Duration of Commute (Minutes) |
|---|---|---|---|---|---|---|
| | | Military | Civilian | | | |
| LANE | OR | 19 | Ø | 100 | 16.9 | 22 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

**2) Location of Government (DoD) Housing.** If some employees of the base live in government housing, identify the county(s) where government housing is located:

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

| **Source of Data (1.b. 1) & 2) Residence Data):** Recall bills and area maps |
|---|

**c. Nearest Metropolitan Area(s).** Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

| City | County | Distance from base (miles) |
|---|---|---|
| Eugene | Lane | 1 |
| | | |
| | | |
| | | |
| | | |

| **Source of Data (1.c. Metro Areas):** Area Map / Chamber of Commerce |
|---|

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**d. Age of Civilian Workforce.** Complete the following table, identifying the age of the activity's civil service workforce. N/A No civilian workforce.

| Age Category | Number of Employees | Percentage of Employees |
|---|---|---|
| 16 - 19 Years | | |
| 20 - 24 Years | | |
| 25 - 34 Years | | |
| 35 - 44 Years | | |
| 45 - 54 Years | | |
| 55 - 64 Years | | |
| 65 or Older | | |
| TOTAL | | 100 % |

| |
|---|
| **Source of Data (1.d.) Age Data):** |

**e. Education Level of Civilian Workforce**

**1) Education Level Table.** Complete the following table, identifying the education level of the activity's **civil service** workforce. N/A. No civilian

| Last School Year Completed | Number of Employees | Percentage of Employees |
|---|---|---|
| 8th Grade or less | | |
| 9th through 11th Grade | | |
| 12th Grade or High School Equivalency | | |
| 1-3 Years of College | | |
| 4 Years of College (Bachelors Degree) | | |
| 5 or More Years of College (Graduate Work) | | |
| TOTAL | | 100 % |

**2) Degrees Achieved.** Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate"). N/A No civilian workforce.

| Degree | Number of Civilian Employees |
|---|---|
| Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.) | |
| Associate Degree | |
| Bachelor Degree | |
| Masters Degree | |
| Doctorate | |

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

| **Source of Data (1.e.1) and 2) Education Level Data):** |
|---|

**f. Civilian Employment By Industry**. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

N/A No civilian workforce.

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| **1. Agriculture, Forestry & Fishing** | 01-09 | | |
| **2. Construction** (includes facility maintenance and repair) | 15-17 | | |
| **3. Manufacturing** (includes Intermediate and Depot level maintenance) | 20-39 | | |
| 3a. Fabricated Metal Products (include ordnance, ammo, etc.) | 34 | | |
| 3b. Aircraft (includes engines and missiles) | 3721 et al | | |
| 3c. Ships | 3731 | | |
| 3d. Other Transportation (includes ground vehicles) | various | | |
| 3e. Other Manufacturing not included in 3a. through 3d. | various | | |

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

N/A No civilian work force

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| **Sub-Total 3a. through 3e.** | 20-39 | | |
| **4. Transportation/Communications/Utilities** | 40-49 | | |
| 4a. Railroad Transportation | 40 | | |
| 4b. Motor Freight Transportation & Warehousing (includes supply services) | 42 | | |
| 4c. Water Transportation (includes organizational level maintenance) | 44 | | |
| 4d. Air Transportation (includes organizational level maintenance) | 45 | | |
| 4e. Other Transportation Services (includes organizational level maintenance) | 47 | | |
| 4f. Communications | 48 | | |
| 4g. Utilities | 49 | | |
| **Sub-Total 4a. through 4g.** | 40-49 | | |
| **5. Services** | 70-89 | | |
| 5a. Lodging Services | 70 | | |
| 5b. Personal Services (includes laundry and funeral services) | 72 | | |
| 5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services) | 73 | | |
| 5d. Automotive Repair and Services | 75 | | |
| 5e. Other Misc. Repair Services | 76 | | |
| 5f. Motion Pictures | 78 | | |
| 5g. Amusement and Recreation Services | 79 | | |
| 5h. Health Services | 80 | | |

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

N/A No civilian workforce.

| Industry | SIC Codes | No. of Civilians | % of Civilians |
|---|---|---|---|
| 5i. Legal Services | 81 | | |
| 5j. Educational Services | 82 | | |
| 5k. Social Services | 83 | | |
| 5l. Museums | 84 | | |
| 5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.) | 87 | | |
| 5n. Other Misc. Services | 89 | | |
| **Sub-Total 5a. through 5n.:** | 70-89 | | |
| **6. Public Administration** | 91-97 | | |
| 6a. Executive and General Government, Except Finance | 91 | | |
| 6b. Justice, Public Order & Safety (includes police, firefighting and emergency management) | 92 | | |
| 6c. Public Finance | 93 | | |
| 6d. Environmental Quality and Housing Programs | 95 | | |
| **Sub-Total 6a. through 6d.** | | | |
| **TOTAL** | | | 100 % |

**Source of Data (1.f.) Classification By Industry Data):**

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

N/A No civilian workforce.

**g. Civilian Employment by Occupation.** Complete the following table to identify the types of "occupations" performed by civil service employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

| Occupation | Number of Civilian Employees | Percent of Civilian Employees |
|---|---|---|
| **1. Executive, Administrative and Management** | | |
| **2. Professional Specialty** | | |
| 2a. Engineers | | |
| 2b. Architects and Surveyors | | |
| 2c. Computer, Mathematical & Operations Research | | |
| 2d. Life Scientists | | |
| 2e. Physical Scientists | | |
| 2f. Lawyers and Judges | | |
| 2g. Social Scientists & Urban Planners | | |
| 2h. Social & Recreation Workers | | |
| 2i. Religious Workers | | |
| 2j. Teachers, Librarians & Counselors | | |
| 2k. Health Diagnosing Practitioners (Doctors) | | |
| 2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.) | | |

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA** N/A No civilian work force.

| Occupation | Number of Civilian Employees | Percent of Civilian Employees |
|---|---|---|
| 2m. Communications | | |
| 2n. Visual Arts | | |
| **Sub-Total 2a. through 2n.:** | | |
| **3. Technicians and Related Support** | | |
| 3a. Health Technologists and Technicians | | |
| 3b. Other Technologists | | |
| **Sub-Total 3a. and 3b.:** | | |
| **4. Administrative Support & Clerical** | | |
| **5. Services** | | |
| 5a. Protective Services (includes guards, firefighters, police) | | |
| 5b. Food Preparation & Service | | |
| 5c. Dental/Medical Assistants/Aides | | |
| 5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers) | | |
| **Sub-Total 5a. through 5d.** | | |
| **6. Agricultural, Forestry & Fishing** | | |
| **7. Mechanics, Installers and Repairers** | | |
| **8. Construction Trades** | | |
| **9. Production Occupations** | | |
| **10. Transportation & Material Moving** | | |
| **11. Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere) | | |
| **TOTAL** | | 100 % |

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA** N/A No civilian work force.

## Source of Data (1.g.) Classification By Occupation Data):

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate appropriated fund civil service jobs at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.** Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

735

62298

R

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**h. Employment of Military Spouses.** Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

| | |
|---|---|
| **1.** Percentage of Military Employees Who Are Married: | 68% |
| **2.** Percentage of Military Spouses Who Work Outside of the Home: | 53% |
| **3.** Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home". | |
| 3a. Employed "On-Base" - Appropriated Fund: | 0 |
| 3b. Employed "On-Base" - Non-Appropriated Fund: | 0 |
| 3c. Employed "Off-Base" - Federal Employment: | 0 |
| 3d. Employed "Off-Base" - Other Than Federal Employment | 100% |

R

| | |
|---|---|
| **Source of Data (1.h.) Spouse Employment Data):** | Local survey |

 R 15EP94

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**h. Employment of Military Spouses.** Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

| | |
|---|---|
| **1.** Percentage of Military Employees Who Are Married: | 68 % |
| **2.** Percentage of Military Spouses Who Work Outside of the Home: | 53 % |
| **3.** Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home". | |
| 3a. Employed "On-Base" - Appropriated Fund: | 0 |
| 3b. Employed "On-Base" - Non-Appropriated Fund: | 0 |
| 3c. Employed "Off-Base" - Federal Employment: | 0 |
| 3d. Employed "Off-Base" - Other Than Federal Employment | 100 ~~100%~~ |

AMG CHECKED 11 JUL 99

| | |
|---|---|
| **Source of Data (1.h.) Spouse Employment Data):** | Local Survey |

## DATA CALL 65
## ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

**2. Infrastructure Data.** For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

**A** - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

**B** - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

**C** - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

**Table 2.a., "Local Communities":** This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

**Table 2.b., "Economic Region":** This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

**For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.**

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**a. Table A: Ability of the local community to meet the expanded needs of the base.**

1) Using the **A - B - C** rating system described above, complete the table below.

| Category | 20% Increase | 50% Increase | 100% Increase |
|---|---|---|---|
| Off-Base Housing | – | – | A |
| Schools - Public | – | – | A |
| Schools - Private | – | – | A |
| Public Transportation - Roadways | – | – | A |
| Public Transportation - Buses/Subways | – | – | A |
| Public Transportation - Rail | – | – | A |
| Fire Protection | – | – | A |
| Police | – | – | A |
| Health Care Facilities | – | – | A |
| Utilities: | – | – | A |
| Water Supply | – | – | A |
| Water Distribution | – | – | A |
| Energy Supply | – | – | A |
| Energy Distribution | – | – | A |
| Wastewater Collection | – | – | A |
| Wastewater Treatment | – | – | A |
| Storm Water Collection | – | – | A |
| Solid Waste Collection and Disposal | – | – | A |
| Hazardous/Toxic Waste Disposal | – | – | A |
| Recreational Activities | – | – | A |

Remember to mark with an asterisk any categories which are wholly supported on-base. ← N/A

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

N/A

| **Source of Data (2.a. 1) & 2) - Local Community Table):** |
|---|

Going from 19 to 38 person has no significant impact on community of 117,000 people.

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.**

1) Using the **A - B - C** rating system described above, complete the table below.

| Category | 20% Increase | 50% Increase | 100% Increase |
|---|---|---|---|
| Off-Base Housing | – | – | A |
| Schools - Public | – | – | A |
| Schools - Private | – | – | A |
| Public Transportation - Roadways | – | – | A |
| Public Transportation - Buses/Subways | – | – | A |
| Public Transportation - Rail | – | – | A |
| Fire Protection | – | – | A |
| Police | – | – | A |
| Health Care Facilities | – | – | A |
| Utilities: | – | – | A |
| Water Supply | – | – | A |
| Water Distribution | – | – | A |
| Energy Supply | – | – | A |
| Energy Distribution | – | – | A |
| Wastewater Collection | – | – | A |
| Wastewater Treatment | – | – | A |
| Storm Water Collection | – | – | A |
| Solid Waste Collection and Disposal | – | – | A |
| Hazardous/Toxic Waste Disposal | – | – | A |
| Recreation Facilities | – | – | A |

Remember to mark with an asterisk any categories which are wholly supported on-base.

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

N/A

| **Source of Data (2.b. 1) & 2) - Regional Table):** |
|---|

Going from 19 to 38 personnel does not significantly affect the region.

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

**3. Public Facilities Data:**

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units: 1.5% vacancy rate

Units for Sale: ~~2,250~~ 1,950 units

**Source of Data (3.a. Off-Base Housing):** Lane County Housing Authority
Lane County MLS

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

| School District | County | Number of Schools | | | Enrollment | | Pupil-to-Teacher Ratio | | Does School District Serve Gov't Housing Units? * |
|---|---|---|---|---|---|---|---|---|---|
| | | Elementary | Middle | High | Current | Max. Capacity | Current | Max. Ratio | |
| 4J School Dist. | LANE | 31 | 8 | 4 | 17,888 | 22,200 | 1/27 | 1/35 | NO |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

**Source of Data (3.b.1) Education Table):** EUGENE DISTICT 4J ADMIN OFFICE

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

NO

**Source of Data (3.b.2) On-Base Schools):** N/A

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

George Fox College
Lane Community College
Linfield College
Northwest Christian College
Pacific University
University of Oregon

**Source of Data (3.b.3) Colleges):** US WEST DIRECT

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Delta - Business & Technology
ITT - Electronics
Trend - Business, Medical Admin

**Source of Data (3.b.4) Vo-tech Training):** US WEST DIRECT

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

c. **Transportation.**

1) Is the activity served by public transportation?

| | Yes | No |
|---|---|---|
| Bus: | X | |
| Rail: | | X |
| Subway: | | X |
| Ferry: | | X |

**Source of Data (3.c.1) Transportation):** Observation

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

Amtrak – 5 miles.

**Source of Data (3.c.2) Transportation):** Yellow Pages / Eugene

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport. MAHLON SWEET AIRPORT – 8 miles west of city center

**Source of Data (3.c.3) Transportation):** County Commissioner's Office

4) How many carriers are available at this airport? 2

United
Horizon

**Source of Data (3.c.4) Transportation):** County Commissioner's Office

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Interstate 5 - distance 5 miles.

**Source of Data (3.c.5) Transportation):** County Commissioner's Office

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

Good quality and capacity - no traffic/gate problems.

b) Do access roads transit residential neighborhoods?

Yes.

c) Are there any easements that preclude expansion of the access road system?

No.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)? No.

**Source of Data (3.c.6) Transportation):** Area maps.

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service. Yes. The City of Eugene Public Safety Department responds to all public and private fires and Hazardous Materials incidents.

**Source of Data (3.d. Fire/Hazmat):** Eugene Public Safety Department

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation?

None. proprietary

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

No. none

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

No.

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

N/A

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received. N/A

**Source of Data (3.e. 1) - 5) - Police):** ISSA / CNRF003

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Provide Electricity - Eugene Water and Electric Board
Provide Natural Gas (Heating) - Northwest Natural Gas
Provide Water, Stormwater Service, and Wastewater Service - Eugene Water and Electric Board
Provide 6YD Refuse Container (1 Pu/WEEK) - Sanipac INC.
Government Purchase Orders

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

NONE

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

NONE

| **Source of Data (3.f. 1) - 3) Utilities):** 11300(4) Through (7) Series Internal Files |
|---|

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

| Employer | Product/Service | No. of Employees |
|---|---|---|
| 1. Univ. of Oregon | Education | 6514 |
| 2. U.S. Government | Various | 3642 |
| 3. Sacred Heart Gen. Hospital | Medical | 2,463 |
| 4. Eugene School Dist. 4J | Education | 2,057 |
| 5. City of Eugene | City Services | 1,656 |
| 6. Springfield School Dist. | Education | 1,650 |
| 7. Lane County | County Services | 1,300 |
| 8. Weyerhaeuser Company | Wood/forest products | 1,175 |
| 9. Agripac, Inc. | Packing agricultural products | 900 |
| 10. State of Oregon | Various state services | 842 |

**Source of Data (4. Business Profile):** Chamber of Commerce

**DATA CALL 65**
**ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA**

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

Nikolai Door
Meerco (Restaurant Supplies)

b. Introduction of New Businesses/Technologies:

Symantec Software Company
Sony Software Company

c. Natural Disasters: None.

d. Overall Economic Trends:

By industry: Lumber and Wood products - declining
Construction - increasing job opportunities
Retail Trade - " "
Business/Profess. Svcs. " "
~~Health services~~

**Source of Data (5. Other Socio/Econ):** Brad Angle / Oregon Employment

6. **Other.** Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Retired Affairs Office for Western Oregon.

**Source of Data (6. Other):** Internal files.

## BRAC-95 CERTIFICATION

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

Patricia S. Hine
NAME (Please type or print)

Patricia S. Hine
Signature

Commanding Officer
Title

28 June 1994
Date

N/A
Division

N/A
Department

NAVAL AND MARINE CORPS RESERVE CENTER, EUGENE, OR
Activity



4607 COPIES

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. S.M. BROOKER | SMBrooker |
| NAME (Please type or print) | Signature |
| Commander Acting | 8 JULY 1994 |
| Title | Date |
| NAVAL RESERVE READINESS COMMAND REGION TWENTY-TWO | |
| 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. JOHN B. BELL USNR | JB Bell |
| NAME (Please type or print) | Signature |
| COMMANDER ACTING | 13 JUL 1994 |
| Title | Date |
| COMNAVSURFRESFOR | |
| Activity | |

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

**MAJOR CLAIMANT LEVEL**

| | |
|---|---|
| T. F. HALL | TF Hall |
| NAME (Please type or print) | Signature |
| Commander, Naval Reserve Force | 7/25/94 |
| Title | Date |
| 4400 Dauphine St. New Orleans, LA 70146 | |
| Activity | |

and: Chief of Naval Operations (N095)
2000 Navy Pentagon
Washington, DC 20350-2000



4607 COPIES

orig

## 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**

Patricia S. Hine
NAME (Please type or print)

Patricia S. Hine
Signature

Commanding Officer
Title

28 Jun 94
Date

NAVMARCORESCEN Eugene, OR
Activity



4607

Data Call 65 NIC: 62298

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

**NEXT ECHELON LEVEL** (if applicable)

S. M. BROOKER
NAME (Please type or print)

SMBrooker
Signature

COMMANDER, ACTING
Title

02 SEPT 1994
Date

NAVAL RESERVE READINESS COMMAND
REGION TWENTY-TWO
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)

JOHN B. BELL, CAPT, USNR
COMMANDER - ACTING
COMNAVSURFRESFOR

Signature

30 SEP 1994
Date

Activity

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

CNO/**MAJOR CLAIMANT LEVEL**

T. F. HALL
NAME (Please type or print)

TF Hall
Signature

COMMANDER NAVAL RESERVE FORCE
Title

10/13/94
Date

DIRECTOR OF THE NAVAL RESERVE (CNO N095)
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)

Signature

Title

Date

Data Cell 65

62298

**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**

PATRICIA S. HINE
NAME (Please type or print)

Patricia S. Hine
Signature

COMMANDING OFFICER
Title

1 September 1994
Date

NAVMARCORESCEN, EUGENE, OR
Activity

735

# DATA CALL 66
# INSTALLALATION RESOURSES

**Activity Information:**

| | |
|---|---|
| Activity Name: | BRIDGE CO B EUGENE OR |
| UIC: | 45299 |
| Host Activity Name (if response is for a tenant activity): | NMCRC EUGENE ORG |
| Host Activity UIC: | 62298 |

General Instructions/Background. A separte response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separtely 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 bugdet data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separtely 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). 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 budget 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 activity 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:** BRIDGE CO B EUGENE OR | | **UIC:** 45299 | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | $0.00 | 0.00 | $0.00 |
| 1b. Minor Construction | 0.00 | 0.00 | 0.00 |
| **1c. Sub-total 1a. and 1b.** | **$0.00** | 0.00 | **$0.00** |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | $25,812.76 | 0.00 | $25,812.7 |
| 2b. Transportation | $4,392.00 | 0.00 | $4,392.0 |
| 2c. Environmental | $0.00 | 0.00 | $0.0 |
| 2d. Facility Leases | $6,039.00 | 0.00 | $6,039.0 |
| 2e. Morale, Welfare & Recreation | $0.00 | 0.00 | $0.0 |
| 2f. Bachelor Quarters | $9,760.00 | 0.00 | $9,760.0 |
| 2g. Child Care Centers | $0.00 | 0.00 | $0.00 |
| 2h. Family Service Centers | $0.00 | 0.00 | $0.00 |
| 2i. Administration | $1,708.00 | 0.00 | $1,708.0 |
| 2j. Other (Specify) | $8,052.00 | 0.00 | $8,052.0 |
| **2k. Sub-total 2a. through 2j :** | **$55,763.76** | 0.00 | **$55,763.7** |
| **3. Grand Total (sum of 1c. and 2k.) :** | **$55,763.76** | 0.00 | **$55,763.76** |

**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:

| Appropriation | Amount ($000) |
|---|---|
| N/A | |

**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.

Enclosure (5)

# DATA CALL 66
# INSTALLATION RESOURCES

| Table 1B - Base Operating Support Costs (DBOF Overhead) | | | |
|---|---|---|---|
| **Activity Name:** BRIDGE CO B<br>EUGENE OR | | **UIC:** 45299 | |
| **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 |
| 1e. 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 |
| 2m. Sub-total 2a. through 2l: | | | N/A |
| **3. Depreciation** | | | N/A |
| **4. Grand Total (sum of 1c., 2m., and 3.):** | | | N/A |

## 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-heading 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. Reger 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 identifed. 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:** BRIDGE CO B EUGENE OR | **UIC:** 45299 |
|---|---|

| **Cost Category** | **FY 1996 Projected Costs ($000)** |
|---|---|
| **Travel:** | $11,325.89 |
| **Material and Supplies (including equipment):** | $26,154.47 |
| **Industrial Fund Purchases (other DBOF purchases):** | $0.00 |
| **Transportation:** | $0.00 |
| **Other Purchases (Contract support, etc.):** | $18,283.40 |
| **Total:** | $55,763.76 |

## 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 estimat 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. **See note.

| Table 3 - Contract Workyears | |
|---|---|
| **Activity Name:** BRIDGE CO B EUGENE OR | **UIC:** 45299 |
| **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.

** Contract workyears are insignificant and not recoverable.

**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.?** See Note.

N/A

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

Note: **Contract workyears are insignificant and not recoverable.

Enclosure (5)

## 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**):

**See Note

| 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 Eliminated | General Type of Work Performed on Contract (e.g., (engineering support, technical services, etc.) |
|---|---|
| *N/A | |

Note: **Contract workyears are insignificant and not recoverable.

Enclosure (5)

BRAC-95 CERTIFICATION
DATA CALL: 66
INSTALLATION RESOURCES

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. The attached 191 formats represent the MARRESFOR site submissions for BRAC 66.

LtCol Steven J. Gaffney
NAME

SIGNATURE

Assistant Chief of Staff, Comptroller
TITLE

20 Sept '94
DATE

Comptroller
DEPARTMENT

MARRESFOR
ACTIVITY

Enclosure (2)

BRAC-95 CERTIFICATION
DATA CALL: 66
INSTALLATION RESOURCES

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. The attached 191 formats represent the MARRESFOR site submissions for BRAC 66.

J. E. LIVINGSTON
NAME

SIGNATURE

COMMANDING GENERAL
TITLE

26 Sept 94
DATE

COMMAND
DEPARTMENT

MARRESFOR
ACTIVITY

Enclosure (1)

Data Call 66
MARRESFOR

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 of print

Signature

Title

Date

Activity

In certify that the information 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 belief.

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

J.A. BRABHAM
LIEUTENANT G[illegible] MARINE CORPS
DEPUTY CHI[illegible]
INSTALLATIONS AND [illegible]S

Signature

10/26/94

Date

735

NMCRC EUGENE, OR

**ENVIRONMENTAL DATA CALL**

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

ORIGINAL

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Provide a list of the tenant activities with UICs that are covered in this response.

| | |
|---|---|
| I+I 6TH BRIDGE CO | G7244 |
| DCMA OFFICE | S4801A |
| DIS OFFICE | H552PD |

## 1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

| SPECIES (plant or animal) | Designation (Threatened/ Endangered) | Federal/ State | Critical / Designated Habitat (Acres) | Important Habitat (acres) |
|---|---|---|---|---|
| *example: Haliaeetus leucocephalus - bald eagle* | *threatened* | *Federal* | *25* | *0* |
| THERE ARE NO KNOWN (THREATENED | | | | |
| OR ENDANGERED) SPECIES | | | | |
| (PLANTS OR ANIMAL) ON | | | | |
| THIS FACILITY. | | | | |
| | | | | |
| | | | | |
| | | | | |

Source Citation: BUREAU of LAND MANAGEMENT
PH# 503-683-6600

1b.

| | |
|---|---|
| Have your base operations or development plans been constrained due to:<br>- USFWS or National Marine Fisheries Service (NMFS)?<br>- State required modifications or constraints?<br>If so, identify below the impact of the constraints including any restrictions on land use. | ~~YES~~/NO<br><br>NO |
| Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints. | ~~YES~~/NO<br>NO |

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map.

1d.

| | |
|---|---|
| Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why. | ~~YES~~/NO<br>NO |

1e.

| | |
|---|---|
| Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain. | ~~YES~~/NO<br>NO |

5090.1A

## 2. WETLANDS

**Note:** Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

**2a.**

| | |
|---|---|
| Does your base possess federal jurisdictional wetlands? | ~~YES~~/NO NO |
| Has a wetlands survey in accordance with established standards been conducted for your base? | ~~YES~~/NO NO |
| When was the survey conducted or when will it be conducted?____/____/____ | N/A |
| What percent of the base has been surveyed? | N/A |
| What is the total acreage of jurisdictional wetlands present on your base? | N/A |

Source Citation: ALL CONCRETE/PAVEMENT & BUILDINGS

**2b.** If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map. N/A

**2c.** Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? NO If YES, summarize the results of such modifications or constraints.

## 3. CULTURAL RESOURCES

**3a.**

| | |
|---|---|
| Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below. | ~~YES~~/NO NO |

3b. YES/NO

| | |
|---|---|
| Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below. | ~~YES~~/NO<br>NO |

3c.

| | |
|---|---|
| Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below. | ~~YES~~/NO<br>NO |

## 4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

| Does your base have an operating landfill? ..... ~~YES~~ / NO NO | | | | | |
|---|---|---|---|---|---|
| ID/Location of Landfill | Permitted Capacity (CYD) | | Maximum Capacity (CYD) | Contents[1] | Permit Status |
| | TOTAL | Remaining | | | |
| | | | | | |
| | | | | | |
| | | | | | |

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

**4b.** If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

N/A

**4c.**

| Does your base have any disposal, recycling, or incineration facilities for solid waste? | | | | | ~~YES~~/ NO NO |
|---|---|---|---|---|---|
| **Facility/Type of Operation** | **Permitted Capacity** | **Ave Daily Throughput** | **Maximum Capacity** | **Permit Status** | **Comments** |
| | | | | | |
| | | | | | |
| | | | | | |

List any permit violations and projects to correct deficiencies or improve the facility. N/A

**4d.**

| Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ? | | | | | ~~YES~~/ NO NO |
|---|---|---|---|---|---|
| **ID/Location of WWTP** | **Permitted Capacity** | **Ave Daily Discharge Rate** | **Maximum Capacity** | **Permit Status** | **Level of Treatment/Year Built** |
| | | | | | |
| | | | | | |
| | | | | | |

List permit violations and discuss any projects to correct deficiencies. N/A

**4e.** If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

10,000 gal/per month. No limits.

4f.

| Does your base operate an Industrial Waste Treatment Plant (IWTP)? | | | | | ~~YES~~ / NO No |
|---|---|---|---|---|---|
| ID/Location of IWTP | Type of Treatment | Permitted Capacity | Ave Daily Discharge Rate | Maximum Capacity | Permit Status |
| | | | | | |
| | | | | | |
| | | | | | |

List any permit violations and projects to correct deficiencies or improve the facility. N/A

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system. N/A

4h.

| Does your base operate drinking Water Treatment Plants (WTP)? | | | | | ~~YES~~ / NO No |
|---|---|---|---|---|---|
| ID/Location of WTP | Operating (GPD) | | Method of Treatment | Maximum Capacity | Permit Status |
| | Permitted Capacity | Daily Rate | | | |
| | | | | | |
| | | | | | |
| | | | | | |

List permit violations and projects/actions to correct deficiencies or improve the facility. N/A

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

Eugene Water & Electric Board. No limits.

4j.

| | |
|---|---|
| Does the presence of contaminants or lack of supply of water constrain base operations. Explain. | ~~YES~~/NO<br>NO |

4k.

| | |
|---|---|
| Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions. | ~~YES~~/NO<br>~~NO~~ NA |
| If NO, why not and provide explanation of plan to achieve permitted status. | ~~COST~~ NA<br>~~PROHIBITIVE~~ |

4l.

| | ~~YES~~/NO |
|---|---|
| Does your base have bilge water discharge problem? | NO |
| Do you have a bilge water treatment facility? | NO |

Explain:

4m.

| | |
|---|---|
| Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain. | ~~YES~~/NO<br>NO |

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain. NA

~~PROPERTY IS LEASED AND LOCATED IN RESIDENTIAL AREA OF EUGENE, THEREFORE THERE IS NO SCHEDULED EXPANSIONS~~

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. NA

~~YES. WE LACK ENOUGH CLASSROOM FACILITIES FOR TRAINING RESERVISTS~~

## 5. AIR POLLUTION

**5a.**

| |
|---|
| What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? LANE REGIONAL AIRPOLLUTION AUTHORITY 726-2514 |
| Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? ND . List site, location and name of AQCA. |

**5b.** For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: NAVRES MAR CORCEN Eugene AQCA: LRAA

AIR QUALITY BOARD CITY of EUGENE

| Pollutant | Attainment | Non-Attainment | Maintenance | Target Attainment Year[1] | Comments[2] |
|---|---|---|---|---|---|
| CO | X | ~~X~~ | | | |
| Ozone | X | | | | |
| PM-10 | | X | | APPLIED FOR 1995 | MODERATE |
| $SO_2$ | X | | | | |
| $NO_2$ | X | | | | |
| Pb | X | | | | |

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.
[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

| | Emission Sources (Tons/Year) | | | | |
|---|---|---|---|---|---|
| Pollutant | Permitted Stationary | Personal Automobiles | Aircraft Emissions | Other Mobile | Total |
| CO | | | | | 0 |
| NOx | | | | | 0 |
| VOC | | | | | 0 |
| PM10 | | | | | 0 |

Source Document: LRAA - per phone con with Air Quality Control Board City of Eugene

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

| | Emissions Sources (Tons/Year) | | | | |
|---|---|---|---|---|---|
| Pollutant | Permitted Stationary | Personal Automobiles | Aircraft Emissions | Other Mobile | Total |
| CO | | | | | 0 |
| NOx | | | | | 0 |
| VOC | | | | | 0 |
| PM10 | | | | | 0 |

Source Document: LARAA - per phon Con with Air Quality Control Board City of Eugene

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain. N/A

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base? NO

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct. NO

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?

NO

## 6. ENVIRONMENTAL COMPLIANCE EUGENE, OR

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the two year totals for those FY's.

N/A

| Program | Survey Completed? | Costs in $K to correct deficiencies | | | | | |
|---|---|---|---|---|---|---|---|
| | | FY1994 | FY1995 | FY1996 | FY1997 | FY98-99 | FY00-01 |
| Air | | | | | | | |
| Hazardous Waste | | | | | | | |
| Safe Drinking Water Act | | | | | | | |
| PCBs | | | | | | | |
| Other (non-PCB) Toxic Substance Control Act | | | | | | | |
| Lead Based Paint | | | | | | | |
| Radon | | | | | | | |
| Clean Water Act | | | | | | | |
| Solid Waste | | | | | | | |
| Oil Pollution Act | | | | | | | |
| USTs | | | | | | | |
| Other | | | | | | | |
| Total | | | | | | | |

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.
Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 100% Are additional surveys planned? NO What is the estimated cost to remediate asbestos ($K) 6,903.00. Are asbestos survey costs based on encapsulation, removal or a combination of both?

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source. N/A

| Funding Source | FY1992 | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY98-99 | FY00-01 |
|---|---|---|---|---|---|---|---|---|
| O&MN | | | | | | | | |
| HA | | | | | | | | |
| PA | | | | | | | | |
| Other O&MN (specify) | | | | | | | | |
| Other (specify) | | | | | | | | |
| TOTAL: | | | | | | | | |

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. NO

## 7. INSTALLATION RESTORATION

7a.

| | YES/NO |
|---|---|
| Does your base have any sites that are contaminated with hazardous substances or petroleum products? | NO |
| Is your base an NPL site or proposed NPL site? | NO |

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

N/A

| Site # or name | Type site [1] | Groundwater Contaminated? | Extends off base? | Drinking Water Source? | Cost to Complete ($M)/Est. Compl. Date | Status[2]/Comments |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

[1] Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List. NO

7d.

| | |
|---|---|
| Is there a groundwater treatment system in place? | ~~YES~~/NO NO |
| Is there a groundwater treatment system planned? | ~~YES~~/NO NO |

State scope and expected length of pump and treat operation. N/A

7e.

| | |
|---|---|
| Has a RCRA Facilities Assessment been performed for your base? | ~~YES~~/NO NO |

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.

NO

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions.

NO

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

NO

7i.

| | |
|---|---|
| Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below. | NO |

**7j.** Have any base operations or development plans been restricted due to Installation Restoration considerations? NO

**7k.** List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions. NONE

## 8. LAND / AIR / WATER USE

**8a.** List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

| Parcel Descriptor | Acres | Location |
|---|---|---|
| NAVAL EUGENE | 2 | EUGENE . OR |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

8b. Provide the acreage of the land use categories listed in the table below:

| LAND USE CATEGORY | | ACRES |
|---|---|---|
| Total Developed: (administration, operational, housing, recreational, training, etc.) | | 2 |
| Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.) | | Wetlands: NO |
| | | All Others: NO |
| Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL | | NONE |
| Total Undeveloped land considered to be without development constraints | | NONE |
| Total Off-base lands held for easements/lease for specific purposes | | NONE |
| Breakout of undeveloped, restricted areas. Some restricted areas may overlap: | ESQD | |
| | HERF | |
| | HERP | |
| | HERO | |
| | AICUZ | |
| | Airfield Safety Criteria | |
| | Other | |

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 1 ACRE

8d. What is the date of your last AICUZ update? ____/____/____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

N/A

**8e.** List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use. N/A

| Acreage/Location/ID | Zones 2 or 3 | Land Use | Compatible/ Incompatible |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**8f.** List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement. N/A

| Navigational Channels/ Berthing Areas | Location / Description | Maintenance Dredging Requirement | | | |
|---|---|---|---|---|---|
| | | Frequency | Volume (MCY) | Current Project Depth (FT) | Cost ($M) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth.

N/A

8h.

| | |
|---|---|
| Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations. | N/A |
| Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations. | N/A |
| Are the dredged materials considered contaminated? List known contaminants. | N/A |

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans.** N/A

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion.

N/A

8k.

| | |
|---|---|
| If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions. | ~~YES~~/NO<br>NO |

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved.

N/A

## 9. WRAPUP

**9a.** Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions?

NO

**9b.** Are there any **other environmental permits** required for base operations, include any relating to industrial operations.

NO

**9c.** Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections.

NO

**9d.** List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain.

None

BRAC-95 CERTIFICATION

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

BTCS(SW) R. C. Bonds
NAME (Please type or print)

BTCS(SW)
Signature

Command Senior Chief
Title

15 MAY 98
Date

Facilities Officer
Division

Department

NAVMARCORESCEN, Eugene, OR
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

ACTIVITY COMMANDER

LCDR P. S. Hine
NAME (Please type of print)

P. S. Hine
Signature

Commanding Officer
Title

5/15/98
Date

NAVMARCORESCEN, Eugene, OR
Activity

Eugene, WA

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

NEXT ECHELON LEVEL (if applicable)

RADM G. DENNIS VAUGHAN
NAME (Please type or print

Signature

COMMANDER
Title

21 May 1994
Date

NAVAL RESERVE READINESS
COMMAND REGION TWENTY-TWO
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)

J. W. FITZGERALD CAPT USNR
NAME (Please type of print

Signature

Commander - Acting
Title

7 JUN 1994
Date

COMNAVSURFRESFOR
Activity

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

MAJOR CLAIMANT LEVEL

T. F. HALL
NAME (Please type or print

TF Hall
Signature

Commander, Naval Reserve Force
Title

6/8/94
Date

4400 Dauphine St.
New Orleans, LA 70146
Activity

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

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

P.W. DRENNON
NAME (Please type of print

Signature

ACTING
Title

6/24/94
Date

73

**CAPACITY ANALYSIS:**
**DATA CALL WORK SHEET FOR**
**RESERVE CENTER:** NAVMARCORESCEN EUGENE OR.
**ACTIVITY UIC:** 62298

**Category ..... Personnel Support**
**Sub-category .... Reserve Centers**
**Types ..... Naval and Marine Corps Reserve Centers and Facilities**

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

ORIGINAL

# TABLE OF CONTENTS

Introduction.....1

MISSION REQUIREMENTS

A. Training Requirements

1. Facility (drill space ) Use ..... 3

2. Reservist Throughput ..... 4

3. Manning Levels and Authorized Billets - USNR ..... 5

4. Manning Levels and Authorized Billets - USMCR ..... 6

5. Major Equipment for Authorized/Directed Drill Utilization ..... 7

6. Authorized/Directed Drill Utilization Areas ..... 8

7. Units ..... 9

8. Other Users ..... 16

FACILITIES

A. Facilities (drill space)

1. Facilities available ..... 17

2. Reserve Center Facilities Description ..... 18

3. Square Footage of Reserve Command/Center ..... 19

4. Limitations of Utilization ..... 20

B. Utilization Areas ..... 21

FEATURES AND CAPABILITIES

A. Expansion

1. Additional Capacity..... 22

2. Investment to Increase Capacity..... 22

3. Limiting Factors ..... 22

1INTRODUCTION

**Introduction**

1. Purpose. This introduction provides general instructions for replying to this data call; individual questions and footnotes give specific instructions for completion of tables, computations, etc.

2. References

a. Refer to the NAVFAC P-72 for Facility Category Code Numbers (CCNs).

b. NAVFAC P-80 provides a discussion of the general nature of each CCN; use it to delineate "types" of facilities that share a common CCN.

.3. Definition of Terms. For purposes of this data call the following apply:

a. A **Facility** is a space (e.g. a room), a defined area (e.g. a range), a structure (e.g. a building), or a structure other than a building (e.g. an obstacle course); it is possible for a building to house one or more facilities of different types.

b. The Category Code Number (or CCN) for Reserve Training Buildings is CCN 171-15. Category Code 171 - Supplement Naval and Marine Corps Reserve Training, as outlined in NAVFAC P-80 is the reference source for facilities available for training at Reserve Training Buildings.

4. Coordinating Instructions

a. Enter the primary UIC *of the data call respondent* at the top of each page of the response; ensure that additional pages created include this identifier.

b. Where information about current facilities available is requested, include MILCON projects that are not BRAC related, which have been authorized and appropriated and for which contracts are to be awarded by 30 September 1994; *do not* include projects submitted in the FY 95 Presidential Budget. Proposed MILCON projects in support of previous BRAC decisions should be included in response by gaining activities but excluded from closing or losing activities.

c. If any of the information requested is subject to change between now and the end of Fiscal Year 2001 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

**Introduction** (Cont.)

d. Tenant activities of a Reserve Training Center that use space must be accounted for under the Reserve Command/Center UIC for all courses taught and classroom space utilized.

e. "Throughput" figures should include that from all sources (DON, other DoD, reserve

and/or active components, and non-DoD).

f. Use "N/A" to respond to a question and/or table that does not apply; **provide the reason(s) why it is not applicable.**

i. Provide best estimates where projections of future requirements are requested.

## MISSION REQUIREMENTS:

A. AUTHORIZED/DIRECTED DRILL UTILIZATION

1. For all units (Department of the Navy and non-Department of the Navy) that train at your command/center give, by type of training facility (drill space), the number of facility (drill space) hours of training that was conducted in FY 1992 and FY 1993, and the number of facility hours that will be required to meet future Authorized/Directed Drill Utilization. A facility hour is equal to the number of facilities uses times the number of weekend hours per year the facility was occupied. **For example, if a Reserve Center conducts training in 3 classrooms, 50 weekends a year for 16 hours, the classroom hours would be 3 x 16 x 50 = 2,400 classroom hours worth of training.** Designate "other" by 171-15 type or other CCN.

| TYPE OF FACILITY | HISTORIC Training Hours per year | | PROJECTED Training Hours per year | | | | |
|---|---|---|---|---|---|---|---|
| | 1992 | 1993 | 1994 | 1995 | 1997 | 1999 | 2001 |
| Classrooms | 1920 | 1,920 | 1,920 | 1920 | 1920 | 1,920 | 1,920 |
| Assembly Hall | 120 | 120 | 120 | 120 | 120 | 120 | 120 |
| Conference/Classroom | 72 | 72 | 72 | 72 | 72 | 72 | 72 |
| Multi-Media Center | 0 | 0 | 0 | 0 | | | |
| Team Training | 0 | 0 | 0 | 0 | | | |
| Armory | 0 | 0 | 0 | 0 | | | |
| Other (designate) | 0 | 0 | 0 | | | | |
| | | | | | | | |

Duplicate all charts as necessary.



8229

2. Throughput. For each type of drill space utilization n response to question 1, Give the annual student throughput, (i.e. number of reservists utilizing the type of facility (drill space) or the expected throughput, for the fiscal years indicated.

| TYPE OF FACILITY | Historic Throughput | | PROJECTED THROUGHPUT (Fiscal Year) | | | | |
|---|---|---|---|---|---|---|---|
| | 1992 | 1993 | 1994 | 1995 | 1997 | 1999 | 2001 |
| Classrooms | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Assembly Hall | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Conference/Classroom | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Multi-Media Center | 0 | 0 | 0 | 0 | | | |
| Team Training | 0 | 0 | 0 | 0 | | | |
| Shops | 0 | 0 | 0 | 0 | | | |
| Armory | 0 | 0 | 0 | 0 | | | |
| Other (designate) | | | | | | | |
| | | | | | | | |



62298

3. By Category, list the Actual Manning Level and Authorized Navy Reserve Billets historically and projected for the year indicated.

| CATEGORY | | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| NUMBER OF SELRES | ACTUAL MANNING LEVEL | 251 ~~225~~ | 241 ~~206~~ | 196 ~~209~~ | 204 ~~212~~ | 204 ~~214~~ | 204 ~~214~~ | 204 ~~214~~ |
| | AUTHORIZED BILLETS | 186 ~~215~~ | 196 ~~193~~ | 157 ~~200~~ | 157 ~~203~~ | 157 ~~205~~ | 157 ~~206~~ | 157 ~~206~~ |
| NUMBER OF TARs | ACTUAL MANNING LEVEL | 7 ~~6~~ | 7 ~~6~~ | 7 ~~8~~ | 7 ~~8~~ | 7 ~~8~~ | 7 ~~8~~ | 7 ~~8~~ |
| | AUTHORIZED BILLETS | 7 | 7 | 8 | 8 | 7 ~~8~~ | 7 ~~8~~ | 7 ~~8~~ |
| USN | ACTUAL MANNING LEVEL | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | AUTHORIZED BILLETS | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

AMC
CNSRF
331
24 Jun 94

28JUN94
JOV
CNSRF-311C1

4. By Category, list the Actual Manning Level and Authorized Marine Corps Billets historically and projected for the year indicated.

| CATEGORY | | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| NUMBER OF USMCR | ACTUAL MANNING LEVEL | 135 | 146 | 157 | 157 | 157 | 157 | 157 |
| | AUTHORIZED BILLETS | 94 | 94 | 152 | 152 | 152 | 152 | 152 |
| NUMBER OF FTS | ACTUAL MANNING LEVEL | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| | AUTHORIZED BILLETS | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| USMC | ACTUAL MANNING LEVEL | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | AUTHORIZED BILLETS | 8 | 8 | 8 | 8 | 8 | 8 | 8 |

5. Major Equipment. Identify major equipment (tanks, trucks, training craft, aircraft, etc.), if any, used in training at your Reserve Center that require special facilities for storage and maintenance (21x-xx and 4xx-xx Category Code Numbers [CCNs] as listed in the NAVFAC P-72 and described in the NAVFAC P-80, etc.) and give the types and sizes of those facilities needed. Do not include training facilities (171-xx and 179-xx CCNs). Add other types of equipment as needed. Provide facility (dill space) requirements in terms of square feet (SF) unless another measure is appropriate; indicate alternate unit of measure if used. **Duplicate this chart as needed to list all equipment..**

| Type of Equipmen: | Number by Type | CCN: 21-/ | | CCN: | | CCN: | |
|---|---|---|---|---|---|---|---|
| | | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required |
| M813 5ton Trucks | 3 | 1 | 606 | | | | |
| M998 Hmmv | 1 | 1 | 101 | | | | |
| M817 Dump truck | 2 | 1 | 505.0 | | | | |
| M1008/CUCV Pickup truck | 1 | 1 | 101 | | | | |
| LVS/Cargo MK48/17 | 2 | 1 | 404 | | | | |
| LVS/5th Wheel MK 48/16 | 1 | 1 | 202 | | | | |
| M931 Truck 10 ton | 2 | 1 | 404 | | | | |
| M870 Semi trailer | 1 | 1 | 60.6 | | | | |
| M172 Semi trailer | 1 | 1 | 60.6 | | | | |
| M105 Trailer cargo | 2 | 1 | 101 | | | | |
| Bridge Boat | 4 | 1 | 808 | | | | |



86229

5. Major Equipment. Identify major equipment (tanks, trucks, training craft, aircraft, etc.), if any, used in training at your Reserve Center that require special facilities for storage and maintenance (21x-xx and 4xx-xx Category Code Numbers [CCNs] as listed in the NAVFAC P-72 and described in the NAVFAC P-80, etc.) and give the types and sizes of those facilities needed. Do not include training facilities (171-xx and 179-xx CCNs). Add other types of equipment as needed. Provide facility (dill space) requirements in terms of square feet (SF) unless another measure is appropriate; indicate alternate unit of measure if used. **Duplicate this chart as needed to list all equipment..**

| Type of Equipmen: | Number by Type | CCN: 214 | | CCN: | | CCN: | |
|---|---|---|---|---|---|---|---|
| | | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required | Number of Facilities | Total SF Required |
| 250 CFM COMPRESSOR AIR | 1 | 1 | 20.2 | | | | |
| Welding Machine | 1 | 1 | 40.4 | | | | |
| Floodlight, set | 1 | 1 | 101 | | | | |
| D7G DOZER | 1 | 1 | 303 | | | | |
| TRAM 644E Forklift | 2 | 1 | 606 | | | | |
| 130G Road Grader | 1 | 1 | 353.5 | | | | |
| LRT 110 CRANE 7½ TON | 1 | 1 | 101 | | | | |
| Medium (M6B) Grider Bridge | 2 | 1 | 202 | | | | |
| Passenger VAN | 2 | 1 | 323.2 | | | | |
| | | | | | | | |
| | | | | | | | |



(Continued from previous page.)

1 2 2 9 8

6. Authorized/Directed Drill Utilization Areas. Provide any land and water area requirements for reserve Authorized/Directed Drill Utilization conducted by your Reserve Command/Center; include landing zones (LZs), gun firing positions (GPs), etc. that are scheduled individually, and impact areas. List utilized areas for each use.

| Training Area(s) | Type of Training | Hours per fiscal year |
|---|---|---|
| GRAVEL PITS | Bridge Building | 288 |
| | | |
| | | |
| | | |
| | | |

DEPARTMENT OF THE NAVY 4297 COPIES REPRODUCED

1. List the Reserve Units assigned to your Reserve Center. Indicate the number of billets authorized and the actual manning for each Unit historically and projected.

a.

| NAVY UNITS | BILLETS AUTHORIZED/ACTUAL MANNING NAVAL & MARINE CORPS RESERVE CENTER, EUGENE, OREGON | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING | BILLETS | MANNING |
| PHIB CB 1 DET 122 | 26 | 21 | 29 | 28 | 29 | 28 | 29 | 28 | 29 | 28 |
| 6ENGSUPBN MED DET 2201 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| MOBASCONTGRP 2204 | 0 | 8 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 |
| NMCB 18 DET 0718 | 1 | 31 | 1 | 31 | 1 | 31 | 1 | 31 | 1 | 31 |
| CVC SBC/SNG 122 | 30 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NRMTF PUGET SOUND DET 522 | 33 | 40 | 35 | 43 | 35 | 43 | 35 | 43 | 35 | 43 |
| VOLTRAUNIT 2204 | 0 | 5 | 0 | 8 | 0 | 8 | 0 | 8 | 0 | 8 |
| WPNSTA CONCORD 3022 | 31 | 40 | 31 | 40 | 31 | 40 | 31 | 40 | 31 | 40 |
| NCTAMS WPAC 322 | 14 | 10 | 45 | 15 | 45 | 15 | 45 | 15 | 45 | 15 |
| PERSMOBTM 2922 | 27 | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FH 500 CBTZ 9 DET D | 32 | 34 | 14 | 35 | 14 | 35 | 14 | 35 | 14 | 35 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 196 | 241 | 157 | 204 | | | | | | |

b.

| MARINE CORPS UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| BRIDGE Co B | 94 | 146 | 152 | 157 | 152 | 157 | 152 | 157 | 152 | 157 |
| I-I STF | 8 | 8 | 8 | 8 | 8 | 8 | 8 | [illegible] | [illegible] | [illegible] |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

c.

| ARMY UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| N/A | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

d.

| COAST GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| N/A | | | | | | | | | | |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

8.

| NATIONAL GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| N/A | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.



62290

1.

| AIR NATIONAL GUARD UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| N/A | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.



62298

g.

| JOINT UNITS | BILLETS AUTHORIZED / ACTUAL MANNING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| N/A | FY 1993 | | FY 1995 | | FY 1997 | | FY 1999 | | FY 2001 | |
| | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING | BILLETS | MAN-NING |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Duplicate this chart as necessary to list all units.

8. List all other users that trained at your Reserve Command/Center facilities on drill weekends.

| User | NUMBER OF PERSONNEL PARTICIPATING | | | | | | |
|---|---|---|---|---|---|---|---|
| MARINES | FY 1992 | FY 1993 | FY 1994 | FY 1995 | FY 1997 | FY 1999 | FY 2001 |
| MARINES | 140 | 150 | 150 | 150 | 150 | 150 | 150 |
| | | | | | | | |
| | | | | | | | |

9. What is the average number of weekends per month that the Reserve Center is conducting training?

(1) ONE PER MONTH

## FACILITIES

A. Facilities (Drill Space)

1. Complete the following tables for all of the drill spaces at your Reserve Center. The types of facilities (drill spaces) in the succeeding tables should correspond with that used to identify facility requirements / usage in the Mission Requirements Section of this Data Call. Reproduce the tables as necessary to include all facilities in which training occurs. **Do not include any inadequate facilities. 16 hours per week availability is presumed for all facilities**; in the "Non-Availability" column indicate when the facility cannot be scheduled; and in the "Normally Scheduled for Use" column provide facility usage based on the normal work schedule in force.

2. CCN: 171-15 (Reserve Building). For each general type of facility (drill space), list individually and identify all others designed to support a particular type of Authorized/Directed Drill Utilization. (Non-Availability Weekend Drill Days are the number of regularly scheduled drill days for which the particular drill space could not be utilized for any reason.
CCN: 171-15 (A or B)

| Type of Authorized/Directed Drill Utilization Facility (drill space) | Number of Facility (drill space)Type | Unique to the Reserve Command/ Center (Y/N) | Non-Availability Weekend Drill Days per year (FY 1993) | Normally Scheduled per drill weekend (FY 1993) | |
|---|---|---|---|---|---|
| | | | | Average Utilization (hrs/day) | Average Utilization (hours/yr) |
| Classrooms: | 5 | N | N/A | 8 | 128 |
| Assembly Hall | 1 | N | N/A | 3 | 48 |
| Conference/Classroom | 1 | N | N/A | 3 | 48 |
| Multi-Media Center | | | | | |
| Team Training | | | | | |
| Shops | 2 | N | N/A | 8 | 128 |
| Armory | | | | | |
| Other (designate) | | | | | |



06/14/1994 14:45 FROM 01 P.21

3. Complete the following table in square feet used, or expected to be used, in each category: *The total should equal the square footage of your Reserve Center.

| TYPE OF FACILITY (drill space) | Current Allocation | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| ADMINISTRATION | 5359 | 5359 | 5359 | 5359 | 5359 | 5359 | 5359 | 5359 |
| CLASSROOMS | 5648 | 5648 | 5648 | 5648 | 5648 | 5648 | 5648 | 5648 |
| TRAINERS | N/A | | | | | | | |
| LABS | N/A | | | | | | | |
| SHOPS | 2,154 | 2154 | 2154 | 2154 | 2154 | 2154 | 2154 | 2,154 |
| VEHICLE MAINTENANCE BAYS | 2,400 | 2,400 | 2,400 | 2,400 | 2,400 | 2,400 | 2,400 | 2,400 |
| STORAGE | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 |
| SUPPLY | 1,740 | 1,740 | 1,740 | 1,740 | 1,740 | 1,740 | 1,740 | 1,740 |
| Armory | 188 | 188 | 188 | 188 | 188 | 188 | 180 | 180 |
| OTHER | 1954 | 1954 | 1954 | 1954 | 1954 | 1954 | 1954 | 1954 |
| OTHER CCNs* | | | | | | | | |
| TOTAL SQ. FT. | 22443 | 22443 | 22443 | 22443 | 72706 ~~22443~~ | 72,706 ~~22443~~ | 72 706 ~~22443~~ | 72 706 ~~22443~~ |

* Other CCNs owned and operated by the Reserve Center (i.e. 171-35 Operational Trainer Facility, or 171-50 Small Arms Range - Indoor) where training occurs.

+50,263 to be added FY 98, No facility breakdown

72,706



8 6 5 2 9

4. What major factors preclude full utilization of drill spaces and classroom spaces, e.g., scheduling inefficiencies for classroom, reservist/instructor ratio, availability of instructors, etc.? Historically, what percentage of drill space is vacant because of these factors?

THERE ARE NO MAJOR LIMITING FACTORS

B. Authorized/Directed Utilization Areas. List all of the Reserve Command/Center land and water utilization areas; include landing zones (LZ)s, gun firing positions (GP)s, etc. that are scheduled individually, and impact areas.

| Utilization Areas | Size (Acres) | Number of Personnel involved per event | Non-Availability (FY 1993) (days per year) |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |

1. Airspace. List any airspace used by your Reserve Command/Center.

| Airspace Name | Dimensions | Scheduling Agency | Controlling Agency |
|---|---|---|---|
| N/A | | | |

2. Airfields. List any airfields used by your Reserve Command/Center.

| Airfield | Location | Ownership (Service/non-DoD) |
|---|---|---|
| N/A | | |

62298

**Features and Capabilities**

A. Expansion

1. Assuming that your Reserve Command/Center is not constrained by operational funding (i.e. personnel support, increased overhead costs, etc.) with the *present* physical plant, facilities etc., **how many additional reservists could be assigned to your Command/Center?** 75

2. Describe any investment you see that could significantly increase your capacity to accomplish the Authorized/Directed Drill Utilization missions; include costs, and indicate what additional capacity, in terms of utilization hours per drill period and utilization days per fiscal year. NONE

3. List and explain the limiting factors that further funding for personnel, equipment, MILCON, etc. **cannot overcome** (e.g., environmental restrictions, land areas, scheduling conflicts).

THERE IS NO PARKING AVAILIBLE FOR RESERVE PERSONNEL. STREET, LOCAL CHURCH AND GROCERY STORE ARE ABSORBING OUR PARKING REQUIREMENTS.

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) | Signature |
| Title | Date |

Data Call 48 Activity: NMCRC EUGENE, OR

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. | J B Greene Jr. |
| Name | Signature |
| ACTING | 15 JUL 1994 |
| 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)

CAPT. S.M. BROOKER
NAME (Please type or print)

SMBrooker
Signature

Commander, Acting
Title

6/18/94
Date

NAVAL RESERVE READINESS
COMMAND REGION TWENTY-TWO
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)

J.W. FITZGERALD CAPT USNR
NAME (Please type or print)

Signature

Commander Acting
Title

29 JUN 1994
Date

COMNAVSURFRESFOR
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)

TF Hall
Signature

Title

7/5/94
Date

Activity

## 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**

P. S. HINE
NAME (Please type or print)

P. S. Hine
Signature

COMMANDING OFFICER
Title

18 June 1994
Date

NAVMARCORESCEN EUGENE, OREGON
Activity



4607 COPIES

735

# DATA CALL 66
# INSTALLATION RESOURCES

**Activity Information:**

| | |
|---|---|
| Activity Name: | N&MCRC EUGENE, OR |
| UIC: | 62298 |
| Host Activity Name (if response is for a tenant activity): | |
| Host Activity UIC: | |

**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.**

| **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)** | | | |
|---|---|---|---|
| **Activity Name:** N&MCRC EUGENE, OR | | **UIC:** 62298 | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 13 | | 13 |
| 1b. Minor Construction | | | |
| **1c. Sub-total 1a. and 1b.** | 13 | | 13 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 8 | | 8 |
| 2b. Transportation | | | |
| 2c. Environmental | | | |
| 2d. Facility Leases | 4 | | 4 |
| 2e. Morale, Welfare & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Service Centers | | | |
| 2i. Administration | 21 | | 21 |
| 2j. Other (Specify) - Basecomm | 6 | | 6 |
| **2k. Sub-total 2a. through 2j:** | 39 | | 39 |
| **3. Grand Total (sum of 1c. and 2k.):** | 52 | | 52 |

## 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:

| Appropriation | Amount ($000) |
|---|---|
| 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 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

N/A

| Table 1B - Base Operating Support Costs (DBOF Overhead) | | | |
|---|---|---|---|
| **Activity Name:** N&MCRC EUGENE, OR | | **UIC:** 62298 | |
| **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:** N&MCRC EUGENE, OR | **UIC:** 62298 |
|---|---|

| Cost Category | FY 1996 Projected Costs ($000) |
|---|---|
| **Travel:** | 2 |
| **Material and Supplies (including equipment):** | 7 |
| **Industrial Fund Purchases (other DBOF purchases):** | 4 |
| **Transportation:** | |
| **Other Purchases (Contract support, etc.):** | 39 |
| **Total:** | 52 |

## 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:** N&MCRC EUGENE, OR | **UIC:** 62298 |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | |
| Facilities Support: | |
| Mission Support: | .1 |
| Procurement: | |
| Other:* | |
| **Total Workyears:** | .1 |

*** 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)): .1

2) Estimated number of workyears which would be eliminated: 0

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

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.) |
|---|---|
| 0 | |

| No. of Additional Contract Workyears Which Would Be Relocated | General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.) |
|---|---|
| 0 | |

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

T. F. HALL, RADM, USN

NAME (Please type or print)

TF Hall

Signature

COMMANDER NAVAL RESERVE FORCE

Title

7/14/94

Date

COMNAVRESFOR, WASHINGTON, D.C.

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) _____ Signature _____

Title _____ Date _____

BRAC-95 CERTIFICATION

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

P. M. NIGH

NAME (Please type or print)

Signature

DEPUTY CHIEF OF STAFF

Title

7/13/94

Date

CODE 06

Division

FINANCIAL MANAGEMENT

Department

COMMANDER NAVAL RESERVE FORCE

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

T. F. HALL, RADM, USN

NAME (Please type or print)

TF Hall

Signature

COMMANDER NAVAL RESERVE FORCE

Title

7/14/94

Date

COMNAVRESFOR, WASHINGTON, D.C.

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)

W. A. EARNER

NAME (Please type or print)

WAEarner

Signature

Title

8/8/94

Date