DCN 515

430

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:_BRANCH DENTAL CLINIC NAVAL STATION SEATTLE/EVERETT, WA
ACTIVITY UIC:_39077/35962

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

BRANCH DENTAL CLINIC (BDC) NAVAL STATION SEATTLE IS SCHEDULED TO CLOSE AS A RESULT OF PREVIOUS BASE CLOSURE ACTION. THE BDC IS BEING RELOCATED TO THE NAVAL STATION EVERETT ON 01 JULY 94. THE BDC EVERETT UIC (35962) HAS BEEN UNOFFICALLY ASSIGNED AS THE NEW UIC. REPORTING FOR THE PURPOSES OF THIS DATA CALL WILL BE THE HISTORICAL FIGURES FROM THE WORKLOAD AT THE NDC SEATTLE WITH THE PROJECTIONS COMPUTED BASED ON NDC EVERETT'S CAPACITY.

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

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MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	32350	35380	36441	38627	39785	39785	39785	39785	39785
UNMET	5152	5307	5466	5794	5967	5967	5967	5967	5967
TOTAL	39502	40687	41907	44421	45752	45752	45752	45752	45752

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

Please show all calculations and assumptions in the space below:

MET and UNMET CTV's are based on current population. Population in FY 94 has started to go at the Branch Dental Clinic at Everett. Both Seattle and Everett Clinics are covered by the three dentist billeted under Seattle UIC. As Everett continues to grow and Seattle Closes this Fiscal Year both MET and UNMET CTV's should continue to consistently grow at a steady rate. The homeporting issues for Everett have not been completely resolved. Expectations are that in FY 94 two FFG's are to be homeported there. In FY 95 and FY 96, one DD per should shift to Everett. These four moves are BRAC gains. NON-BRAC gains in FY 96 are 2 DDG's and 1 CVN. These gains should increase the active duty population by 4,875.

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	35380	36441	38627	39785	39785	39785	39785	39785
UNMET	5152	5307	5466	5794	5967	5967	5967	5967
TOTAL	39502	40687	41907	44421	45752	45752	45752	45752

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

Please show all calculations and assumptions in the space below:

RAPS data includes retired, dependents of active duty and retired, survivors and other medical eligible. These figures are not consistent with Navy Dentistry. Since the Navy Dental Insurance (DELTA Dental) was instituted very small numbers of dependents have sought dental treatment at this facility. Treatment of retired members has been consistently in small numbers. Currently, retired personnel and their dependent are denied access to the Naval Station Everett. Therefor the CTVs for this projection remain consistent with those in figure 1 above.

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

Mark T. Hetzer, CDR, DC, USN
NAME (Please type or print)

M. T. Hetzer
Signature

Director, BRDENCLINIC
Title

26 May 94
Date

BRDENCLINIC, Seattle/Everett
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 L. V. KUHL, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date

NAVAL DENTAL CENTER BREMERTON FOR BRANCH DENTAL CLINIC SEATTLE/EVERETT 39077
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-8-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

~~ACTING~~

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

~~J. B. GREENE, JR.~~

Signature

ACTING
Title

6/20/94
Date

430

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, NAVAL STATION
SEATTLE/EVERETT, WA
ACTIVITY UIC:39077/35962

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

BRANCH DENTAL CLINIC (BDC) NAVAL STATION SEATTLE IS SCHEDULED TO CLOSE AS A RESULT OF PREVIOUS BASE CLOSURE ACTION. THE BDC IS BEING RELOCATED TO THE NAVAL STATION EVERETT ON 01 JULY 1994. THE BDC EVERETT UIC (35962) HAS BEEN UNOFFICALLY ASSIGNED AS THE NEW UIC. REPORTING FOR THE PURPOSES OF THIS DATA CALL WILL BE HISTORICAL FIGURES FROM THE WORK LOAD AT NDC SEATTLE WITH THE PROJECTIONS COMPUTED ON NDC EVERETT'S CAPACITY.

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

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MISSION REQUIREMENTS

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

PROVIDE COMPREHENSIVE DENTAL SERVICES TO NAVY AND MARINE CORPS UNITS OF THE OPERATING FORCES, SHORE ACTIVITIES, AND OTHER AUTHORIZED PERSONNEL AT THE NAVAL STATIONS PUGET SOUND AND EVERETT WASHINGTON.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVSTA PUGET	00255	SEATTLE	150
NTCC	33293	SEATTLE	8
DESRON NINE	55221	SEATTLE	38
MEDICAL	65575	SEATTLE	74
DENTAL	39077	SEATTLE	10
MOTU 15	55232	SEATTLE	24
NEX	39234	SEATTLE	1
DECA COMMISARY	48312	SEATTLE	14
MADIGAN ARMY CTR DET		SEATTLE	1
NJROTC 13	35111	SEATTLE	2
COMNAVBASE	68742	SEATTLE	24
TPU	44394	SEATTLE	30
4th MARINE LANDING BTLN	45309	SEATTLE	25
NAVAL MOBILE CONST UNIT 18	65917	SEATTLE	6
MIUWU	81997	SEATTLE	8
NAVRESREDCOM REG 22	68328	SEATTLE	38
NAVY BRIG	38525	SEATTLE	33
NAVY BAND	64372	SEATTLE	27

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

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	~~13093~~ 1612
B. FY1993 MET WORKLOAD (CTVs)	34350
C. FY1993 UNMET WORKLOAD (CTVs)	5252
D. TOTAL WORKLOAD (B+C)	39502
E. MET WORKLOAD PER CAPITA (B÷A)	2.6
F. UNMET WORKLOAD PER CAPITA (C÷A)	.4
G. WORKLOAD PER CAPITA (D÷A)	3.0

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MCD-63

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

Maximum capacity for CTVs: _____

Explanation:

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	9cw ~~11635~~	16cw ~~11594~~	20cw ~~11505~~	20cw 11443	20cw 11443	20cw 11443	20cw 11443	20cw 11443
A: TOTAL MET CTVs	35380	36441	38627	39785	39785	39785	39785	39785
B: TOTAL UNMET CTVs	5307	5466	5794	5967	5967	5967	5967	5967
C: TOTAL WORKLOAD REQUIREMENT (A+B)	40687	41907	44421	45752	45752	45752	45752	45752
DENTISTS (MIL AND CIV)	3	3	3	3	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

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

Maximum capacity for CTVs: _____

Explanation:

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
NONE	NA	NA	NA	NA	NA	NA	NA	NA

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
54010	PATIENT CARE BLDG.29 SEATTLE	2564	57	ADEQUATE

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

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

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

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

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 JANUARY 1994	UIC	N39077
FACILITY	BRANCH DENTAL CLINIC, NAVAL STATION PUGET SOUND, SEATTLE, WA		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	42' x 61'	BLDG. #29
2. DENTAL TREATMENT ROOM	4	10' x 10'	
3. STERILIZATION ROOM	1	18' x 7'	
4. X-RAY EXPOSURE ROOM	1 1	10' x 11' 6' x 7'	
5. DARKROOM	1	5' x 7'	
6. PROSTHETIC LAB	1	15' x 13'	
7. STOREROOM/ SUPPLY ROOM	1 1	5' x 7' 13' x 7'	
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	1	27' x 9'	
10. DENTAL OFFICER'S OFFICE	1	17' x 12'	

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ENCLOSURE(9)

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	17' x 13'	
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	1	10' x 17'	
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	1 1	5' x 6' 4' x 7'	Enlisted Locker Officer Head
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC, 2071	3	A-5
2. DENTAL OPERATING CHAIR	ADEC 1005 Reliance X-Ray Chair Ser 5486	3 1	A-5 A-5

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ENCLOSURE(9)

3. DENTAL OPERATING LIGHT	ADEC 6300	3	A-5
4. CENTRAL VACUUM SYSTEM	Dental EZ MC-202	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	Compresso DRI Air Techniques INC. L-68	1	A-5
6. STERILIZER	Castle Steam Autoclave GLS-10D Castle Steam Sterilizer 800 Cox Rapid Heat Transfer Ster.	1 1 1	A- A-5 A-5
7. LIFE SUPPORT EQUIPMENT	None		
8. OTHER MAJOR EQUIPMENT	None		

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	Kerr Casting Machine Centrifico	1	A-6
2. VACUUM PORCELAIN FURNACE	DENTSPLY Mulit-mat 99	1	A-1
3. BURNOUT OVEN	Jelrus-TFA SN5393	1	A-5
4. OTHER PROSTHETIC EQUIPMENT	None		

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ENCLOSURE(9)

SECTION C - DENTAL X-RAY EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	General Electric 1000 Model 46-137660G20 FEB82	1	A-5	July 93
2. MOBILE INTRA-ORAL	None			
3. PANORAMIC	General Electric 1000 Panelipse 46-137660G20 May 80	1	A-5	July 93
4. CEPHALOMETRIC	None			
5. FILM PROCESSOR	Air Techniques AT 2000	1	A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT: AC [XX] DC [ ] a. VOLTAGE: 115 b. CYCLE: 60

2. GAS: [ ] NATURAL [ ] COMMERCIAL [XX] BOTTLE [ ] ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

**CURRENTLY HAVE 1 DTR THAT IS NOT USED FOR DENTAL TREATMENT. IF THE EQUIPMENT WAS AVAILABLE IT COULD BE UTILIZED.

DATE	TYPED NAME AND GRADE	SIGNATURE
7 DEC 93	M. T. HETZER, CDR, DC, USN	M.T. Hetzer

ENCLOSURE(9)

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 January 1994	UIC	N39077
FACILITY	MOBILE DENTAL UNIT, NAVAL STATION EVERETT		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	8' x 32'	Semi-trailer
2. DENTAL TREATMENT ROOM	2	8' x 11' 8' x 11'	
3. STERILIZATION ROOM	1	4' x 3.5'	Doubles as X-ray Dark Room
4. X-RAY EXPOSURE ROOM	0		#2 OPERTORY DOUBLES AS X-RAY ROOM
5. DARKROOM	0		SEE PART 1/SECTION3
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	0		
8: CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	0		

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11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	8' x 8'	
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	0		
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC MINITROL	2	A-5
2. DENTAL OPERATING CHAIR	S.S. WH E REGENCY MODEL 107900Y	2	A-5

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ENCLOSURE(10)

3. DENTAL OPERATING LIGHT	DEN-TAL-EZ MODEL DED-500	2	A-5
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ CD-202	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES MODEL 66	1	A-5
6. STERILIZER	AMSCO SPEED CLAVE	1	A-5
7. LIFE SUPPORT EQUIPMENT		0	
8. OTHER MAJOR EQUIPMENT	NONE		

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	0		
2. VACUUM PORCELAIN FURNACE	0		
3. BURNOUT OVEN	0		
4. OTHER PROSTHETIC EQUIPMENT	0		

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(10)

SECTION C - DENTAL X-RAY EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GE 1000	1	A-5	UNKNOWN
2. MOBILE INTRA-ORAL	0			
3. PANORAMIC	0			
4. CEPHALOMETRIC	0			
5. FILM PROCESSOR	AIR TECHNIQUES PERI-PRO	1	A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT: AC [X] DC [ ] a. VOLTAGE: 115 b. CYCLE: 60

2. GAS: [ ] NATURAL [ ] COMMERCIAL [ ] BOTTLE [ ] ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

DATE	TYPED NAME AND GRADE	SIGNATURE
7 DEC 93	M. T. HETZER, DC, USN	M. T. Hetzer

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(10)

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE	NA	NA	NA

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE	NA	NA	NA

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE	NA	NA	NA

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

LOCATION

9. Geographic Location. How does your geographic location affect your mission? GOEGRAPHIC LOCATION IS EXCELLENT.

a. What is the importance of your location relative to the clients supported? Branch Dental Clinic Seattle/Everett id centrsally located in relationship to their patients. Access is excellent and on base parking allows for maxium availability.

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

Air: Nearest large commercial airport with government passenger and freight capabilities is Seattle/Tacoma Airport with is 15 miles from the Seattle Clinic and 40 miles from the Everett BDC.

Rail: AMTRAK and Burlington Northern Railroad service is avaliable in Puyallup, WA, 30 miles from Seattle and 55 miles from BDC Everett.

Sea: Shipping and passenger accomodations aboard commercial vessels is available in Seattle, Washington three miles from the Seattle clinic a and 28 miles from the BDC Everett.

Ground: Commuter ground transportation is available on base with links with commercial bus service out of Seattle/Everett.

c. What is the importance of your location given your mobilization requirements? No importance.

d. On the average, how long does it take your current client/customers to reach your facility? 95% in less than 30 minutes. Average travelling time: 10 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? None.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?
BRANCH DENTAL CLINIC SEATTLE/EVERETT IS THE ONLY DENTAL TREATMENT FACILITY IN THIS IMMEDIATE AREA. BRANCH DENTAL CLINIC BANGOR IS 90 MILES AWAY; BRANCH DENTAL CLINIC BREMERTON IS 82 MILES AWAY; BRANCH DENTAL CLINIC NAS WHIDBEY ISLAND IS 70 MILES AWAY. THERE IS NOT ENOUGH DENTAL CARE ACPABILITY AT CLINIC'S TO CARE FOR THE ACTIVE DUTY POPULATION ATTACHED TO NAVAL STATIONS PUGET SOUND AND EVERETT AND THEIR TENANT ACTIVITIES.

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

DENTAL CARE COULD BE CONTRACTED OUT OR THE ACTIVE DUTY PATIENTS COULD BE BUSSED TO FORT LEWIS, WASHINGTON, A LARGE ARMY BASE SOUTH OF TACOMA. ONE WAY 49 MILES FROM SEATTLE AND 74 MILES FROM EVERETT. TRAVEL TIME ON AVERAGE FROM SEATTLE ONE HOUR AND TEN MINUTES; FROM EVERETT, ONE HOUR AND 40 MINUTES. THEIR CAPABILITY WOULD BE REQUIRED TO BE INCREASED.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NDC PEARL HARBOR	62313	2
NDC GUAM	62328	1
NDC OKINAWA	68582	1
USS ESSEX	21533	1
USS TARAWA	20550	1

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

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

13. Quality of Life.

QUALITY OF LIFE DATA IS BEING SUBMITTED BY THE HOST COMMAND:

NAME; **NAVAL STATION PUGET SOUND SEATTLE/EVERETT**
UIC: **00255**
DATA CALL: **29**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR 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_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Mark T. Hetzer, CDR, DC, USN	M. T. Hetzer
NAME (Please type or print)	Signature
Director, BRDENCLINIC	26 May 94
Title	Date
BRDENCLINIC, Seattle/Everett	
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 L. V. KUHL, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date

NAVAL DENTAL CENTER BREMERTON FOR BRANCH DENTAL CLINIC SEATTLE/EVERETT 39077
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-8-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

27 JUN 1994
Date

430

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Dental Clinic, Naval Station, Everett*
Acronym(s) used in correspondence	*BDC, NAVSTA Everett*
Commonly accepted short title(s)	BRDENCLINIC EVERETT

- Complete Mailing Address

- PLAD

- PRIMARY UIC: 35962 (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): _____ PURPOSE: _____

  _____ _____

  _____ _____

DATA CALL #1 (AMENDMENT #1) ACTIVITY LIST PROVIDED WITH CNO LTR 11000 SER N441/4U594637 OF 10 JUNE 94 HAS THE UIC FOR BRDENCLINIC EVERETT LIST WRONG. (I.E. 65575) THE NAVAL DENTAL CENTER, BREMERTON REQUEST, IN NOV 1993, THAT A UIC BE ESTABLISHED FOR BDC EVERETT. ON JAN 14, 1994 WE RECEIVED VERBAL CONFIRMATION FROM DFAS-CLEVELAND VIA BUMED THAT THE NEW UIC FOR BDC EVERETT WILL BE 35962. OFFICIAL CONFIRMATION OF THIS IS PENDING.

2. PLANT ACCOUNT HOLDER:

- Yes _____ No _X_____ (check one)

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

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

• Yes _____ No __X__ (check one)

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

• Yes __X__ No _____ (check one)

• Primary Host (current) UIC: _____

• 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
NONE	NA	

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	NA	NA	NA	NA

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.

ELEMENTS OF THE NAVAL STATION PUGET SOUND, SEATTLE, WA AND OTHER COMMANDS THAT WILL BE MOVED AS A RESULT OF THE BRAC-91 WILL BE ESTABLISHED AT NAVSTA EVERETT. SOME COMMANDS ARE TO BE SHIFTED THERE AS A RESULT OF HOMEPORTING.

Commands comming to NAVSTA EVERETT
FROMFYTENANT/SHIPMILCIV

NAVSTA LBeach	94	Guided Missle Frigate	214	0
NAVSTA LBeach	94	Guided Missle Frigate	214	0
NAVSTA LBeach	94	COMDESRON NINE	38	0
NAVSTA LBeach	95	Destroyer	331	0
NAVSTA LBeach	96	Destroyer	331	0
NAVSTA Seattle	94	Headquarters	150	28
NAVSTA Seattle	94	NTCC	8	0
NAVSTA Seattle	94	DESRON NINE	38	0
NAVSTA Seattle	94	SUPSHIP Seattle	8	32
NAVSTA Seattle	94	Medical Clinic	69	11
NAVSTA Seattle	94	Dental Clinic	10	1
NAVSTA Seattle	95	Mobile Tech Unit 15	24	1
NAVSTA Seattle	95	Navy Exchange	1	200
NAVSTA Seattle	95	Commissary	14	52

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

*Provision of comprehensive dental services to the operational and shore commands in Eastern Puget Sound geographical area.

*Provision of emergency and space available dental services to eligible beneficiaries.

*Provision of contingency medical support during times of disaster or crisis.

*Force augmentation as planned and required during times of national defense.

-
-

Projected Missions for FY 2001

* Provide comprehensive dental support to Carrier battle Group and commands ashore in the Eastern Puget Sound area.

-
-
-
-

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

-
-
-

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

- Operational name UIC

NAVAL DENTAL CENTER, BREMERTON, WA N68443

- Funding Source UIC

NAVAL DENTAL CENTER, BREMERTON, WA N68443

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	2	7	1
• Tenants (total)	~~248~~	~~1493~~	~~325~~

BUMED MED-825 GSA 6/30/94

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	3	7 1	
• Tenants (total)			

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
• BRANCH DIRECTOR			
CDR MARK T. HETZER, DC, USN	(206) 304-4092	(206) 304-4095	N/A
• Duty Officer			
• LT MONICA E. BERNINGHAUS, DC, USN	(206) 526-3430	(206) 526 3091	N/A
•			

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
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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	*NA*	*NA*

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.

BRANCH DENTAL CLINIC, EVERETT IS A TENANT ACTIVITY. FACILITY MAPS WERE SUBMITTED BY CO NAVAL STATION, EVERETT.

- 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

CDR MARK T. HETZER, DC, USN
NAME (Please type or print)

Signature: Mark T Hetzer

BRANCH DIRECTOR
Title

Date: 24 June 1994

BRANCH DENTAL CLINIC
NAVAL STATION, EVERETT, WA
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)

L. V. KUHL, CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 June '94
Date

NAVAL DENTAL CENTER BREMERTON FOR BRANCH DENTAL CLINIC, NAVAL STATION, EVERETT, WA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-30-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

06 JUL 1994
Date

430

DATA CALL 66
INSTALLATION RESOURCES

1Activity Information:

Activity Name:	BRANCH DENTAL CLINIC EVERETT WA
UIC:	35962
Host Activity Name (if response is for a tenant activity):	NAVAL STATION PUGET SOUND WA
Host Activity UIC:	00255

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: BRANCH DENTAL CLINIC EVERETT WA		**UIC:** 35962	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair		2	2
1b. Minor Construction			
1c. Sub-total 1a. and 1b.		2	2
2. Other Base Operating Support Costs:			
2a. Utilities		5	5
2b. Transportation		2	2
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:		7	7
3. Grand Total (sum of 1c. and 2k.):		9	9

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)	
O&M:	95	
SUBTOTAL DIRECT		95
MILITARY PERSONNEL:		
MPN	71	
SUBTOTAL MPN		71
GRAND TOTAL		166

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC EVERETT WA		UIC: 35962	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	N/A	N/A	N/A
1a. Real Property Maintenance (>$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:	N/A	N/A	N/A
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	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-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC EVERETT WA	**UIC: 35962**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	4
Material and Supplies (including equipment):	19
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	2
Other Purchases (Contract support, etc.):	61
Total:	86

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: BRANCH DENTAL CLINIC EVERETT WA	**UIC:** 35962
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:* Dental Hygienist	1
Total Workyears:	1

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

*Dental Hygienist contract is required to provide oral prophylaxis and preventive dentistry procedures due to a large demand of active duty beneficiaries.

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)):

One (1)

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):

One (1)

31R

Bumped Med 825 GSA 8/4/94

See next pg ~~30R~~

2R Bumped 824 8/4/94

UIC: 35962

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

One (1)

31 R BUMED MED 823 CKD 8/4/94

~~30~~ ~~30R~~ VE BUMED 824 8/4/94

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

8-8-94

Date

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

19 AUG 1994

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

L. V. KUHL, CAPT, DC, USN
NAME (Please type or print)

L. V. Kuhl
Signature

COMMANDING OFFICER
Title

12 July 94
Date

NAVAL DENTAL CENTER BREMERTON WA
for BRANCH DENTAL CLINIC BANGOR
Activity

431

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

• Name

Official name	*Branch Dental Clinic, Fallon*
Acronym(s) used in correspondence	BDC FALLON
Commonly accepted short title(s)	*N/A*

• Complete Mailing Address
Director
Branch Dental Clinic
Naval Air Station
Fallon, NV 89406-5000

PRIMARY UIC: 35729

- PLAD: BRDENCLINIC FALLON NV

- PRIMARY UIC: 35729 (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: DENTAL CLINIC

2. PLANT ACCOUNT HOLDER:

- Yes _____ No ___X___ (check one)

PRIMARY UIC: 35729

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

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

• Yes ____ No __X__ (check one)

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

SEE SECTION 5 • Yes __X__ No ____ (check one)

Primary Host is NAS Fallon (UIC 60495) BUMED-822 mlb, 14 Jul 94
[current / 1 Oct 95 / 1 Oct 01]

• 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		

PRIMARY UIC: 35729

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

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

PRIMARY UIC: 35729

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

Projected Missions for FY 2001

- SAME AS ABOVE.

PRIMARY UIC: 35729

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
Commanding Officer, Naval Dental Center, SF	68409

• Funding Source	UIC
Commanding Officer, Naval Dental Center, SF	68409

PRIMARY UIC: 35729

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
• Tenants (total)			
35729 (Fallon)	2	4	2

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
• Tenants (total)			
35729 (Fallon)	3	3	~~2~~ Ø

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

BUMED-822
MJS, 6 Jul 94

PRIMARY UIC: 35729

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
• Branch Director			
CDR T. D. Walczyk	(702)426-2676	DSN 830-3133	(702)423-4183
• Commanding Officer			
CAPT G. H. Graf	(415) 395-3281	DSN 475-4415	(415) 981-7107
• Adminstrative Officer			
LCDR A. V. Bates	(415) 395-4425	DSN 475-4415	(N/A)

PRIMARY UIC: 35729

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

• Tenants (Other than those identified previously)

PRIMARY UIC: 35729

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

PRIMARY UIC: 35729

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 - not applicable		

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

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

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

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

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

PRIMARY UIC: 35729

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

T. D. Walczyk
NAME (Please type or print)

Thomas D. Walczyk
Signature

Director
Title

28 Jun 94
Date

BDC Fallon
Activity

PRIMARY UIC: 35729

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

NEXT ECHELON LEVEL (if applicable)

G. H. Graf
NAME (Please type or print)

Signature

Commanding Officer
Title

28 June 94
Date

Naval Dental Center, San Francisco
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 6, 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

7/30/94
Date

431

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Fallon
ACTIVITY UIC:35729

45729

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

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

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12. Mobilization 13
13. Quality of Life 14

MISSION REQUIREMENTS

1. The mission of the Branch Dental Clinic at the Naval Air Station Fallon, NV is as follows:

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

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

c.) To operate assigned component dental facilities.

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

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

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

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

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAS Fallon	60495	Fallon, NV	304
NAVSTKWPCEN	68847	Fallon, NV	178
AIMD	44317	Fallon, NV	146
VFA 125 Det.	55153	Fallon, NV	87
VFA 106 Det.	46087	Fallon, NV	86
NA Sec. Det.	46255	Fallon, NV	69
VFA 127	08956	Fallon, NV	61
Air SQ OP Det.	46255	Fallon, NV	69
VFA 125 STUD	45016	Fallon, NV	23
NTCC	48486	Fallon, NV	14
PERSUPPDET	43075	Fallon, NV	11
EODGENONEDET	30209	Fallon, NV	11
USMC NWTC	64495	Bridgeport, CA	11
NAV OCEAOGRAPHY	65902	Fallon, NV	10
NAVMARCORECSCEN	62127	Reno, NV	7
INSP/INSTR STF	45381	Reno, NV	1
FAMSERVCEN	48679	Fallon, NV	4
WEST DIV Contr.	44256	Fallon, NV	6
DECA	49206	Fallon, NV	6
NAVSEAWARSQSTA DET	41869	Fallon, NV	2
Medical	41675	Fallon, NV	28
BMC	43684	Bridgeport, CA	11

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	1,145.00
B. FY1993 MET WORKLOAD (CTVs)	35,586.00
C. FY1993 UNMET WORKLOAD (CTVs)	2,784.08
D. TOTAL WORKLOAD (B+C)	38,370.08
E. MET WORKLOAD PER CAPITA (B÷A)	31.079
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.432
G. WORKLOAD PER CAPITA (D÷A)	33.511

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

Maximum capacity for CTVs: 36,000 CTV/YR.

Explanation:

Calculation based on:

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

UNMET Workload (CTV) = Sum of

Class 2 Population x 4.55 = xxxx
Class 3 Population x 9.20 = xxxx
Class 4 Population x 4.77 = xxxx
Unmet CTV xxxxx

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	1,374	1,374	1,432	1,434	1,666	1,666	1,666	1,666
A: TOTAL MET CTVs	36,000	36,000	36,000	48,000	48,000	48,000	48,000	48,000
B: TOTAL UNMET CTVs	16,000.23	16,000.23	16,675.64	16,698.93	19,400.57	19,400.57	19,400.57	19,400.57
C: TOTAL WORKLOAD REQUIREMENT (A+B)	52,000.23	52,000.23	52,675.64	64,698.93	67,400.57	67,400.57	67,400.57	67,400.57
DENTISTS (MIL & CIV)	3	3	3	3	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	1	1	1	1	1

Maximum capacity for CTVs: _____

Explanation:

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

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

C4 x 4.77 = xxxx
C3 x 0.50 x 9.22 = xxxx
C2 x 0.50 x 4.55 = xxxx
Projected total UNMET CTV xxxx

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

---NOT APPLICABLE---

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	BDC Fallon - PT Care	2600	25	Adequate

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

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

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

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

<u>There is a new medical/dental clinic openning in August 94.</u>

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 JAN 92	UIC	35729
FACILITY	BRANCH DENTAL CLINIC, NAVAL AIR STATION, FALLON, NV 89406		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROXIMATE SIZE	REMARKS
1. CLINIC UNIT	1	98' X 99'	BLDG 309
2. TREATMENT ROOM	3	12 x 12	
3. STERILIZATION ROOM CLEAN DIRTY	 1 1	 5 x 6 6 x 9	
4. X-RAY EXPOSURE ROOM	1	6 x 9	
5. DARKROOM	1	6 x 6	
6. PROSTHETIC LAB	1	5 x 13	
7. STOREROOM/ SUPPLY ROOM	1	9 x 10	
8. CONFERENCE ROOM	1	10 x 11	
9. ADMINISTRATIVE OFFICE			
10. DENTAL OFFICER'S OFFICE	1	9 x 10	

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940711 MCO63

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	8' X 14'	
13. RECORDS CONTROL OFFICE	1	6' X 13'	
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)	1	9' X 12'	LOCKER ROOM AND TOILET FACILITY ARE THE SAME
17. TOILET FACILITY (FEMALE)	1	7' X 12'	LOCKER ROOM AND TOILET FACILITY ARE THE SAME
18. OTHER MAJOR ROOMS			

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC DECADE ADEC 4200	1 3	A4 A5
2. DENTAL OPERATING CHAIR	DEN-TAL-EZ PL200 ADEC PRIORITY 1005 KOENINGKRAMER 660 (X-RAY)	3 1 1	A6 A4 A5

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3. DENTAL OPERATING LIGHT	PELTON & CRANE LF11 ADEC 6300	3 1	A5 A4
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ MC-202	1	A5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES 54000	1	A5
6. STERILIZER	AMSCO EAGLE 2011 (S) PELTON & CRANE OCM (S)	1 1	A5 A5
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT	ZENITH 248 MICRO-COMPUTER	1	

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	COE-BILT	1	A5
2. VACUUM PORCELAIN FURNACE	JELENKO JELCRAFT GLAZER	1	A5
3. BURNOUT OVEN	JELENKO ACCU-THERM 250D	1	A5
4. OTHER PROSTHETIC EQUIPMENT			

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940711

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	S.S. WHITE MARKSMAN 11B OCT82	1	A5	17MAY89
2. MOBILE INTRA-ORAL				
3. PANORAMIC	J. MORITA VERSAVIEW JAN90	1	A4	
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUES PERI-PRO II	1	A5	

PART III - UTILITIES

1. ELECTRIC CURRENT: a. VOLTAGE 115/208 b. CYCLE 60

2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

DATE	TYPED NAME AND GRADE	SIGNATURE
01JANUARY1992	R. J. HAGUE, CDR, DC, USN	

NAVMED 6750/4 (5-91)

9407 11 PE
MGR/65

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N62474-89-C-6830	MILCON Medical/Dental Clinic	1994	

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

LOCATION

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

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

The next closest military medical facility that can serve the population diversity and scope of treatment required is a 5 hour drive away into the San Francisco Bay area (1 hour by air) or a 7 hour drive to NAS Lemoore, CA (1 1/2 hour by air).

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

Patients are able to leave NAS Fallon via the air field on base or private auto.

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

Location is of no importance since no members of our staff have a moblility requirement.

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

20 minutes.

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

Although Fallon, NV is a small community, we have had no difficulty hiring civilian employees to man key positions in the clinic.

FEATURES AND CAPABILITIES

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

The operational readiness of all units at NAS Fallon would be less.

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

Contract services are unavailable in the area at this time. This facility is vital to the mission of NAS Fallon.

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

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

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

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

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

---THERE ARE NO MOBILIZATION REQUIREMENTS---

13. Quality of Life.

FOR OTHER ISSUES CONCERNING EDUCATION, CRIME, SPOUSE EMPLOYMENT ETC., PLEASE REFER TO NAS FALLON BRAC #38 QUESTIONS 51C - 55.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

THOMAS D. WALCZYK, CDR, DC,USN
NAME (Please type or print)

Thomas D. Walczyk CDR, DC
Signature

BRANCH DIRECTOR
Title

21 June 94
Date

BRANCH DENTAL CLINIC, FALLON NV
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)

George H. Graf
NAME (Please type or print)

Signature

Commanding Officer
Title

5 July 1994
Date

Naval Dental Center
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 15, 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

8/3/94
Date

431

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC,FALLON
UIC:	Ø35729
Host Activity Name (if response is for a tenant activity):	Naval Air Station, Fallon
Host Activity UIC:	60495

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: BRANCH DENTAL CLINIC, FALLON **UIC:** 035729

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			N/A
1b. Minor Construction			N/A
1c. Sub-total 1a. and 1b.	0		N/A
2. Other Base Operating Support Costs:			
2a. Utilities	1.7		1.7
2b. Transportation			N/A
2c. Environmental			N/A
2d. Facility Leases			N/A
2e. Morale, Welfare & Recreation			N/A
2f. Bachelor Quarters			N/A
2g. Child Care Centers			N/A
2h. Family Service Centers			N/A
2i. Administration			N/A
2j. Other (Specify)			N/A
2k. Sub-total 2a. through 2j:	1.7		1.7
3. Grand Total (sum of 1c. and 2k.):	1.7		1.7

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 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..

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - **Base Operating Support Costs**
(DBOF Overhead)
Activity Name: **UIC:**

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (> $15K)			N/A
1b. Real Property Maintenance (< $15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A
2i. Safety			N/A

2j. Supply and Storage Operations	N/A
2k. Major Range Test Facility Base Costs	N/A
2l. Other (Specify)	N/A
2m. Sub-total 2a. through 2l:	N/A
3. Depreciation	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A

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

DATA CALL 66
INSTALLATION RESOURCES

Table 2 - Services/Supplies

Cost Data

Activity Name: BRANCH DENTAL CLINIC, FALLON **UIC:035729**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	4.8
Material and Supplies (including equipment):	18.7
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	23.5

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: **UIC:**

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

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

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

T. D. WALCZYK, CDR, DC, USN
NAME (Please type or print)

Thomas D. Walczyk
Signature

BRANCH DIRECTOR
Title

12 July 94
Date

BRANCH DENTAL CLINIC, NAS, FALLON, NV
Activity

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

NEXT ECHELON LEVEL (if applicable)

Ronald F. Harring
NAME (Please type or print)

Signature

Commanding Officer (Acting)
Title

14 July 1994
Date

Naval Dental Center
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

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

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

NAME (Please type or print)

Signature

Title

Date

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

Title

14 July 1994

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM,MC,USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

8-2-94

Date

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

8/30/94

Date

ENCLOSURE (13)

431

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Fallon
ACTIVITY UIC: 35729 45107

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

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

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MISSION REQUIREMENTS
1. Workload 3,4
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MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	35586	36000	36000	36000	36000	36000	36000	36000	36000
UNMET	2784.08	16000.23	16000.23	16675.64	16698.93	19400.57	19400.57	19400.57	19400.57
TOTAL	38370.08	52000.23	52000.23	52675.64	52698.93	55400.57	55400.57	55400.57	55400.57

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

Please show all calculations and assumptions in the space below:

Calculations based on:

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

UNMET WORKLOAD (CTV) = Sum of

Class 2 Population x 4.55 = xxxx
Class 3 Population x 9.20 = xxxx
Class 4 Population x 4.77 = xxxx
Unmet CTV xxxxx

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	36000	**84000**	84000	84000	84000	84000	84000	84000
UNMET	16000.23	16000.23	16675.64	16698.93	19400.57	19000.57	19000.57	19000.57
TOTAL	52000.23	100000.23	100675.64	100698.93	103400.57	103400.57	103400.57	103400.57

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

Please show all calculations and assumptions in the space below:

Beginning with FY-95, physical plant (Crew bldg 1) can accomodate 7 DOR's fully staffed.

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

C4 x 4.77 = xxxx
C3 x 0.50 x 9.22 = xxxx
C2 x 0.50 x 4.55 = xxxx
Projected total UNMET CTV = xxxx

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

WALCZYK THOMAS D
NAME (Please type or print)

Thomas D. Walczyk CDR, DC
Signature

DIRECTOR, BRANCH DENTAL CLINIC
Title

06 June 94
Date

NAS FALLON, NV 89406

Activity

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

NEXT HIGHER LEVEL (if applicable)

George H. Graf
NAME (Please type or print)

Signature

Commanding Officer
Title

1 June 1994
Date

Naval Dental Center
Activity

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

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

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

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 15, 1994
Date

BUREAU OF MEDICINE AND SURGERY.

Activity

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

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

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

Signature

Title

7/30/94
Date

Activity

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name BRANCH DENTAL CLINIC, FCTC, DAM NECK, VA

Official name	*BRANCH DENTAL CLINIC, FCTC, DAM NECK, VA*
Acronym(s) used in correspondence	BDC, DAM NECK
Commonly accepted short title(s)	

- Complete Mailing Address
  BRANCH DENTAL CLINIC
  DAM NECK
  1885 TERRIER AVENUE
  VA BEACH, VA 23461-2997

- PLAD: NAVDENCEN NORFOLK VA \\41\\

- PRIMARY UIC: 35046 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X ____ (check one)

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

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

- Yes ____ No X____ (check one)

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

- Yes X____ No ____ (check one)
- Primary Host (current) UIC: 00281____
- Primary Host (as of 01 Oct 1995) UIC: 00281____
- Primary Host (as of 01 Oct 2001) UIC: 00281____

• 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.

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

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

Current Missions

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

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

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

Projected Missions for FY 2001

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

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

- This command provides support services to both shore and fleet units, including fleet units with their own organic dental treatment capability.

Projected Unique Missions for FY 2001

- The uniqueness of our mission is expected to continue throughout the forseeable future.

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
COMMANDER, NAVAL BASE, NORFOLK	61463

• Funding Source	UIC
CHIEF, BUREAU OF MEDICINE AND SURGERY	00018

UIC: 35046

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	8	17	1 2*
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	11	17	1 2*
• Tenants (total)	N/A	N/A	N/A

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. L. KJOME, DC, USN	804-444-7021	804-445-6751	804-481-3849
• Duty Officer	804-444-7011		
• Branch Director CAPT KIELT	804-677-7251	804-433-6998	804-481-9374

* DENOTES CONTACTOR PERSONNEL

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
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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		

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.

PROVIDED BY HOST

- 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.)

35046

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

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

3 Jan '94
DATE

ENCLOSURE (2)

35046
65A

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

x D D Hagen
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J B Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

Document Separator

432

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL FCTC DAM NECK VA
ACTIVITY UIC: 35046

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing 5

MISSION REQUIREMENTS

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

UIC:35046-BDC DAM NECK

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	81,100	81,100	80,289	85,106	84,225	84,761	84,930	84,930	84,930
UNMET	14,971	13,071	12,940	13,716	13,579	13,660	13,687	13,687	13,687
TOTAL	96,071	94,171	93,229	98,822	97,804	98,421	98,617	98,617	98,617

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

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

- RAPS data not available beyond FY 1999.

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

UIC:35046-BDC DAM NECK

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	81,100	80,289	85,106	84,225	84,761	84,930	84,930	84,930
UNMET	13,071	12,940	13,716	13,579	13,660	13,687	13,687	13,687
TOTAL	94,171	93,229	98,822	97,804	98,421	98,617	98,617	98,617

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

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

- RAPS data not available beyond FY 1999.

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

UIC:35046-BDC DAM NECK

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	94,171	93,229	98,822	97,804	98,421	98,617	98,617	98,617
UNMET	0	0	0	0	0	0	0	0
TOTAL	94,171	93,229	98,822	97,804	98,421	98,617	98,617	98,617

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

Please show all calculations and assumptions in the space below:

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20, 4.77 for records held in class 2, 3, and 4.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

- Methodology used for evaluating facility constraint:

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

$$\frac{13{,}071}{81{,}100} = .161 - \frac{X}{(8/-/2)} = \frac{(1.288/-/.322)}{(8/-/2)} = \frac{(2/-/1)^*}{(8/-/2)} = \frac{\text{3 Additional DTRs}}{\text{10 DTRs in Use}}.$$

- 3+10 DTRs = 13 < 20 DTR capacity: Unmet need (13,071) could be eliminated.

* in reality fractional staff rounded to next whole provider.

940617
MC&D63

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

UIC:35046 - BDC DAM NECK

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	8	8	8	8	8	8	8	8	8
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

- RAPS data not available beyond FY 1999.

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

UIC:35046 - BDC DAM NECK

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	8	8	8	8	8	8	8	8	8
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

Explanation:

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

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

Raymond John Kielt
NAME (Please type or print)

Signature

Captain, Director
Title

Date 27 Aug 94

Brand Clinic Dam Neck
Activity FCTCL Va Beach Va.

ENCLOSURE (4) PART I

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. L. KJOME
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 31 May 94

Naval Dental Center, Norfolk
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

Document Separator

59

432

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL FCTC DAM NECK VA
ACTIVITY UIC: 35046

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

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

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Dam Neck - UIC: 35046

MISSION REQUIREMENTS

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

To provide comprehensive dental care to active duty, foreign and domestic personnel assigned as staff or student to Fleet Combat Training Center Atlantic, its tenant commands and operational units. To provide efficient care to the student population, with their limited time and transportation capabilities, and with their high turnover rate to fleet or foreign shore duty. To ensure that all assigned military and civilian personnel are both aware of and properly trained for the performance of their assigned, contingency and written duties. To ensure that the treatment facility is maintained in a proper state of material and personnel readiness, as directed, in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces. To provide appropriate education programs for assigned military personnel to ensure that both military and health care standard of conduct and performance are achieved and maintained. To participate as one integral element of the Navy's Health Care System.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STU COMBAT TRA CEN	30532		973
FLTCOMBATTRA CEN	42087		776
NAVSURFWARDET GRU	47898		500
FLTCOMBATTRA LANT	00281		283
NAVGMSCOL GST	64619		203
STU GUIDE MISL SCH	31057		191
SURTASS OPS	41632		161
NAVSURFWARCEN	63273		118
STU TACTRAGRU LANT	43577		115
NMITC	0387A		122
NMITC	0387A		95 (MC)
NAVGMSCOL	43148		80
MACS 24	08854		70 (MC)
			3687

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
TACTRAGRULANT	53989		69
REDTRAFAC	45662		68
VC 6	30197		58
PERSUPDET	68548		44
FLT COMBATRACENLNT	43450		38
BRMEDCLINIC	46106		30
RIFLE RANGE	53530		28 (MC)
NAVDENCL	35046		25
STU REDTRAFAC	43395		16
ROTHER TRAINING	47437		7
FLTCOMBATTRACE NLNT	41473		5
STU NMITC	43494		313
NAVOCEANPROFAC	68593		310
			1011

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

CATEGORY UIC:35046-BDC DAM NECK	FY 1993 DATA
A. ACTUAL POPULATION	4,603
B. FY1993 MET WORKLOAD (CTVs)	81,100
C. FY1993 UNMET WORKLOAD (CTVs)	14,971
D. TOTAL WORKLOAD (B+C)	96,071
E. MET WORKLOAD PER CAPITA (B÷A)	17.619
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.252
G. WORKLOAD PER CAPITA (D÷A)	20.871

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

Maximum capacity for CTVs: _____

Explanation:

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

UIC:35046 BDC DAM NECK	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	4603	4557	4830	4782	4811	4821	4821	4821
A: TOTAL MET CTVs	81100	80289	85106	84225	84761	84930	84930	84930
B: TOTAL UNMET CTVs	13071	12940	13716	13579	13660	13687	13687	13687
C: TOTAL WORKLOAD REQUIREMENT (A+B)	94171	93229	98822	97804	98421	98617	98617	98617
DENTISTS (MIL AND CIV)	8	8	8	8	8	8	8	8
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

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

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

- RAPS data not available beyond FY 1999.

940617

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

UIC:35046 BDC DAM NECK	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	4603	4557	4830	4782	4811	4821	4821	4821
A: TOTAL MET CTVs	81100	80289	85106	84225	84761	84930	84930	84930
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C: TOTAL WORKLOAD REQUIREMENT (A+B)	94171	93229	98822	97804	98421	98617	98617	98617
DENTISTS (MIL AND CIV)	8	8	8	8	8	8	8	8
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

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

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994. RAPS data not available beyond FY 1999.- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20 and 4.77 for records held in class 2, 3 and 4.

940617
MAD63

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

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

FACILITIES - BDC, Dam Neck, Virginia 35046

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

6750/4 attached
This command does not maintain the inventory record for this clinic. The Plant property owner is Fleet Combat Training Center, Atlantic

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

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

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

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

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

35046

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

This information provided by host UIC 00281

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

This information provided by host UIC 00281

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

This information provided by host UIC 00281

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts. This facility is adequate and is in excellent condition. Beneficial occupancy was within the last year.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	5 JANUARY 1994	UIC	35046
FACILITY	BRANCH DENTAL CLINIC, DAM NECK		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	97'X 102'	
2. DENTAL TREATMENT ROOM	20	11'X 12'	
3. STERILIZATION ROOM	1 1	12'X 12' 17'X 12'	DIRTY SIDE CLEAN SIDE
4. X-RAY EXPOSURE ROOM	1	13'X 12'	
5. DARKROOM	1	8'X 12'	
6. PROSTHETIC LAB	1	9'X 12'	
7. STOREROOM/ SUPPLY ROOM	1 1	11'X 18' 9'X 12'	
8. CONFERENCE ROOM	1	18'X 12'	
9. ADMINISTRATIVE OFFICE	1	11'X 12'	
10. DENTAL OFFICER'S OFFICE	1	11'X 13'	

NAVMED 6750/4 (Rev. 5/91)

11. DENTAL REPAIR SHOP	NONE		
12. PATIENT WAITING AREA	1 1	26'X 24' 20'X 24'	
13. RECORDS CONTROL OFFICE	1	11'X 16'	
14. LOCKER ROOM (MALE)	1	12'X 12'	
15. LOCKER ROOM (FEMALE)	1	12'X 12'	
16. TOILET FACILITY (MALE)	1 1 1	8'X 12' 12'X 18' 12'X 14'	
17. TOILET FACILITY (FEMALE)	1 1	12'X 18' 10'X 10'	
18. OTHER MAJOR ROOMS	3 1 1	11'X 24' 11'X 24' 22'X 24'	DOCTOR'S LOUNGE CREW'S LOUNGE MED/DEN LOUNGE

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE	18	A-4
2. DENTAL OPERATING CHAIR	ADEC (MODEL #1005)	20	A-4

3. DENTAL OPERATING LIGHT	ADEC PELTON-CRANE (DUAL) MODEL #6300	2 18	A-4 A-4
4. CENTRAL VACUUM SYSTEM	MOELLER KLOCKNER SERIAL #610-18-24865	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	MONOGRAM PRODUCTS 2KT28-7 HANKINSON COMPRESS AIR DRYER #8035	1	A-4
6. STERILIZER	MDT SERIAL #6217E9330 MDT SERIAL #4823D9222	1 1	A-4 A-4
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT	STEAM BOILER	1	A-4
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE	VIDENT VITA VACUMAT 50	1	A-5
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT	POLISHING MACHINE (REDWING) HANDLE MEG C2	1 1	A-4 A-6

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX-GX770 MODEL #46-4046000G3	1	A-4	
2. MOBILE INTRA-ORAL	GENDEX-GX MODEL #46-137660G20HOUSING 46-197122P3 INSERT	1	A-4	
3. PANORAMIC	GENDEX-PANELIPSE II 46-137660G20HOUSIMNG 46-197122P3 INSERT	1	A-4	
4. CEPHALOMETRIC				
5. FILM PROCESSOR	A/T 2000 M-#43000 PERI-PRO-II #91000DL	1 1	A-4 A-6	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC		DC		a. VOLTAGE: 110		b. CYCLE:	
2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

PART II

SECTION 1, 3 & 4 HOUSING RUSTY WILL BE REPLACED BY MANUFACTURER UNDER WARRANTY

SECTION 8, STEAM BOILER UNSAT

DATE	TYPED NAME AND GRADE	SIGNATURE

LOCATION

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

The clinic is located inside the gate of FCTCL Dam Neck, Virginia Beach, Virginia. It supports only active duty students and staff personnel of FCTCL and tenant commands. The clinic is co-located with the medical clinic in a building constructed in 1993.

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

"A" and "C" schools live and train within walking distance of the clinic. Many students do not have personal transportation. Both students and instructors have limited time to devote to personal problems such as dentistry. The students need to have their dental problems treated in an efficient and timely manner before they are transferred to the fleet or foreign shore.

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

Nearest transportation modes are at Norfolk, Virginia. Public roads and private or government vehicles are needed for transportation. All modes of transportation within 1 hour travel time from clinic.

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

Major military embarkation points are within 1 hour travel time from clinic.

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

Less than 5 minutes walking and 2 minutes driving.

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

Location in major metropolitan area. No problem with recruiting qualified civilian personnel. Clinic completed in 1993 and is designed to accommodate handicap personnel.

FEATURES AND CAPABILITIES

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

Student training time would be greatly affected were the treatment done elsewhere. Members would not be dentally qualified to transfer overseas or to the fleet in the time allowed for them during training. This Clinic completes treatment needs of students identified at Recruit Training Center during narrow periods of access. Failure to complete these needs would defer care until after personnel join fleet units often without organic dental support or in deployable status. Time available to complete the needs are limited, transportation available to students is limited.

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

Members would have to travel to Branch Dental Clinic, Oceana by POV or government transportation to receive care, adding an additional loss of 1-2 manhours per visit.

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

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

BDC: DAM NECK UIC: 35046

UNIT NAME	UNIT NUMBER	# OF STAFF ASSIGNED
US BRDENCLINIC GITMO	62333	01
USS GUADACANAL (LPH-7)	07352	02

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

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

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

13. Quality of Life.

This information was provided by UIC #N00281, Fleet Combat Training Center - Alantic, Virginia Beach, Virginia, BRAC Data Call #23.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Capt Raymond John Kielt
NAME (Please type or print)

Signature

Captain USN, Director
Title

Date 31 My 94

BDC FCTCL DamNeck
Activity Va Beach Va
23461

ENCLOSURE (4)
PART II

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. L. KJOME
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 31 May 94

Naval Dental Center, Norfolk
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

Date 8/3/94

1132

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC-DAM NECK
UIC:	35046
Host Activity Name (if response is for a tenant activity):	FLEET COMBAT TRAINING CENTER ATLANTIC, DAM NECK
Host Activity UIC:	00281

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:BRANCH DENTAL CLINIC-DAM NECK	**UIC:35046**

Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3		3
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	3		3
2. Other Base Operating Support Costs:			
2a. Utilities	40		40
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) Communications	3		3
2k. Sub-total 2a. through 2j:	43		43

DATA CALL 66
INSTALLATION RESOURCES

3. Grand Total (sum of 1c. and 2k.):	46		46

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)

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

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

4. Grand Total (sum of 1c., 2m., and 3.) :			

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

Table 2 - Services/Supplies Cost Data

Activity Name:BRANCH DENTAL CLINIC-DAM NECK	**UIC:35046**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	2
Material and Supplies (including equipment):	36
Industrial Fund Purchases (other DBOF purchases):	51
Transportation:	0
Other Purchases (Contract support, etc.):	122
Total:	211

DATA CALL 66
INSTALLATION RESOURCES

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DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears	
Activity Name:BRANCH DENTAL CLINIC-DAM NECK	**UIC:35046**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	2
Procurement:	
Other:*	
Total Workyears:	2

* **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)):

2 (TWO)

2) Estimated number of workyears which would be eliminated:

0 (ZERO)

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

0 (ZERO)

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/26/94

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. L. Kjome, CAPT, DC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

15 July 94
Date

Naval Dental Center, Norfolk, VA
Activity

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Dental Clinic, Fleet Industrial and Supply Center, San Diego*
Acronym(s) used in correspondence	*BDCFISC San Diego*
Commonly accepted short title(s)	*BDCFISC San Diego*

- Complete Mailing Address

  Director, Branch Dental Clinic
  Fleet Industrial and Supply Center
  937 Harbor Drive
  San Diego, CA 92132

- PLAD

  NAVDENCEN SAN DIEGO

- PRIMARY UIC: ~~66022(*)~~ 35737 (Plant Account UIC for Plant Account Holders)

  (*) For Class-III Plant Account only.

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

- ALL OTHER UIC(s): 35737 PURPOSE: For DIRS reporting

2. PLANT ACCOUNT HOLDER:

- Yes _____ No __X__ (check one)

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

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

ENCLOSURE (5)

(UIC - ~~66022~~) 35737
,SA

- Yes _____ No __X__ (check one)

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

- Yes __X__ No _____ (check one)
- Primary Host (current) UIC: 00244
- Primary Host (as of 01 Oct 1995) UIC: 00244
- Primary Host (as of 01 Oct 2001) UIC: 00244

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

- Yes _____ No __X__ (check one)

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

Name	Location	UIC
Not applicable		

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

Name	UIC	Location	Host name	Host UIC
Not applicable				

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

Not applicable.

(UIC - ~~66022~~ 35737 65A

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

Current Missions

- Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area to ensure the highest possible degree of operational readiness.

- Conduct appropriate education and training programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.

- Participate as an integral element of the Navy and Tri-Service Regional Health Care System.

- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

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

- Training and development.

- Efficient Personnel utilization.

- Effective material, facilities, and patient management.

- Commitment to quality of life issues.

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

Current Unique Missions

- Not applicable.

(UIC - ~~66022~~) 35737 USA

Projected Unique Missions for FY 2001

- Not applicable

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

• Operational name	UIC
Commanding Officer, Naval Dental Center, San Diego	66022

• Funding Source	UIC
Not applicable	

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~1~~ 0 USA	~~3~~ 0 USA	0
. Contracted	N/A	N/A	0
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	~~4~~ 0 USA	0
. Contracted	N/A	N/A	0
• Tenants (total)	N/A	N/A	N/A

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.

(UIC - ~~66022~~) 35737
65A

Title/Name	Office	Fax	Home
• CO/OIC			
V.M. MIKSCH LCDR, DC, USN Branch Director	619-532-3145 DSN-522-3145	619-532-3232 DSN-522-3232	N/A
T.C. SPLITGERBER CAPT, DC, USN Commanding Officer	619-556-8200 DSN-526-8200	619-556-8559 DSN-526-8559	N/A
• DANILO L. YU LCDR MSC USN BRAC Coordinator	619-556-8217 DSN-526-8217	619-556-8221 DSN-526-8221	N/A

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

(UIC - ~~60872~~) 35737
65A

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.)
Not applicable		

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

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

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

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

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

(UIC - 66022) 35737
GSA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

LCDR M. V. MIKSCH, DC, USN
NAME (Please type or print)

V. Miksch
Signature

DIRECTOR
Title

31 JAN 94
Date

BRANCH DENTAL CLINIC, FLEET INDUSTRIAL AND SUPPLY CENTER, SAN DIEGO
Activity

(UIC - ~~66022~~) 35737 6>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 T. C. SPLITGERBER, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

2 Feb 94
Date

NAVAL DENTAL CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

(UIC - ~~66022~~) 35737
65A

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

NAME (Please type or print)

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.

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

Signature

ACTING DCNO (LOGISTICS)
Title

16 FEB 1994
Date

Division

Department

Activity

Document Separator

433

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC FISC (NSC) SDIEGO CA
ACTIVITY UIC: 35737

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

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

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MISSION REQUIREMENTS

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

.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	10000	10000	10000	10000	10000	10000	10000	10000	10000
UNMET	1247	1247	1247	1247	1247	1247	1247	1247	1247
TOTAL	11247	11247	11247	11247	11247	11247	11247	11247	11247

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

Please show all calculations and assumptions in the space below:

PROJECTED MET AND UNMET CTVs ONLY

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

SAME AS NUMBER 1.

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

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

Please show all calculations and assumptions in the space below:

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	3
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

LCDR M.V. MIKSCH, DC, USN
NAME (Please type or print)

Signature

DIRECTOR
Title

Date

BRANCH DENTAL CLINIC, FLEET INDUSTRIAL AND SUPPLY CENTER, SAN DIEGO
Activity

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

MAJOR CLAIMANT LEVEL

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

x D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-12-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 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 T.C. SPLITGERBER, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL DENTAL CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

Document Separator

433

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC FISC (NSC) SDIEGO CA
ACTIVITY UIC: 35737

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

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

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MISSION REQUIREMENTS

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

Provide dental services to personnel attached to Fleet Industrial and Supply Center (FISC), San Diego and tenant commands located on the base. Provide dental services, on a reimbursable basis, to Coast Guard personnel assigned at Coast Guard Station, San Diego.

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVCOMSTA	68046	FISC	65
COMNAVBASE SAN DIEGO	00242	FISC	50
REDCOM-19	68350	FISC	27
FISC	45164	FISC	27
DFAS	68688	FISC	20
PSA	65883	FISC	14
US ARMY VETS	CR00244	FISC	12
SWNAVFACENGCOM	68711	FISC	8
MSC	43435	FISC	7
SDMILRECRUIT	68401	FISC	7
CREDO	68564	FISC	6
LEPS	68910	FISC	5
BRCENCL FISC	35737	FISC	5
NCIS	42944	FISC	2

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

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	360
B. FY1993 MET WORKLOAD (CTVs)	10,000
C. FY1993 UNMET WORKLOAD (CTVs)	1,247
D. TOTAL WORKLOAD (B+C)	11,247
E. MET WORKLOAD PER CAPITA (B÷A)	27.7
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.46
G. WORKLOAD PER CAPITA (D÷A)	31.2

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

Maximum capacity for CTVs: N/A

Explanation:

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

	FY 1994	FY 1995	FY 1996	FY1997	FY1998	FY1999	FY2000	FY 2001
POPULATION	360	360	360	360	360	360	360	360
A: TOTAL MET CTVs	10000	10000	10000	10000	10000	10000	10000	10000
B: TOTAL UNMET CTVs	1247	1247	1247	1247	1247	1247	1247	1247
C: TOTAL WORKLOAD REQUIREMENT (A+B)	11247	11247	11247	11247	11247	11247	11247	11247
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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

Maximum capacity for CTVs:

Explanation:

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

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

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

**** NOT APPLICABLE. HOST COMMAND, FLEET INDUSTRIAL AND SUPPLY CENTER, SAN DIEGO, UIC-00244 MAINTAINS THE INVENTORY RECORDS.**

PLEASE SEE ATTACHED FACILITIES REPORT.

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

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
06-396	INSTALL HVAC AND EXHAUST SYSTEM	1992	52.1K

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

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

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

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

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

NOT APPLICABLE

LOCATION

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	66022
FACILITY	NAVAL SUPPLY CENTER, BLDG 115, NAVAL DENTAL CENTER BOX 147, NAVAL STATION, SAN DIEGO, CA 92136		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	01	38' X 43'	BLDG 115
2. DENTAL TREATMENT ROOM	01 01 01	9' X 11' 10' X 12' 10' X 15'	
3. STERILIZATION ROOM	01	6' X 13'	
4. X-RAY EXPOSURE ROOM	01	07' X 09'	
5. DARKROOM			
6. PROSTHETIC LAB	01	06' X 13'	
7. STOREROOM/ SUPPLY ROOM	01	07' X 10'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE			
10. DENTAL OFFICER'S OFFICE	01	05' X 6'	

NAVMED 6750/4 (Rev. 5/91)

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	01	12′ X 13′	
13. RECORDS CONTROL OFFICE	01	10′ X 17′	
14. LOCKER ROOM (MALE)	01	06′ X 10′	COED LOCKER ROOM AND HEAD
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS	01	15′ X 20′	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC MICRO CART 420 PROMO ODEL 495-08-1	01 02	(1) A4 (1) A4
2. DENTAL OPERATING CHAIR	DENTAL-EZ MODEL PL200 ROYAL DENTAL MFG. IN, #7572	01 02	(1) A4 (1) A4 (1) A5

3. DENTAL OPERATING LIGHT	ADEC MODEL 63000 PELTON CRANE LF II	01 02	(1) A4 (2) A4
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ MODEL MC202	01	(1)A4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES INC. OILLESS COMPRESSO-DRI VT8	01	(1) A4
6. STERILIZER	PELTON CRANE MAGNA-CLAVE PELTON AND CRANE VALIDATOR PLUS	01 01	(1) A4 (1) A4
7. LIFE SUPPORT EQUIPMENT	VICTOR OXIDIZER PLUS	01	(1) A4
8. OTHER MAJOR EQUIPMENT			

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	BELMONT COMDEX DX-907 GENDEX GX-770	 01 01	 (1) A4 (1) A4	 DEC 89 DEC 89
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUE PERI-PRO 2	01 01	(1) A4 (1) A4	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 110/220	b. CYCLE: 60

2. GAS:		NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

DATE	TYPED NAME AND GRADE	SIGNATURE
01 JANUARY 1994	T. C. SPLITGERBER, CAPT, DC, USN	

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

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

Extremely important. Close to fleet activities.

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

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

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

No impact.

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

15 minutes.

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

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

FEATURES AND CAPABILITIES

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

No significant impact.

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

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

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

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

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

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

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

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

13. Quality of Life.

** **NOT APPLICABLE. REPORTED UNDER HOST COMMAND, FLEET INDUSTRIAL AND SUPPLY CENTER, SAN DIEGO, UIC-00244, DATA CALL NOS. 37 & 38**

13. **Quality of Life.**

a. **Military Housing**

(1) **Family Housing:**

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) **BOQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR 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_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

(1) List the local educational institutions which offer programs available t 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 reeds the institution is equipped to handle, cost of enrollment, and for hich schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in colleg in the fall of 1994.

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case catego 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 activit was assigned to or worked at the base; and 2) all reported criminal activity off base.

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR M.V. MIKSCH, DC, USN
NAME (Please type or print)

Signature

DIRECTOR
Title

25 nov 94
Date

BRANCH DENTAL CLINIC, FLEET INDUSTRIAL AND SUPPLY CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL DENTAL CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-07-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

1/33

Activity Information:

Activity Name:	BDC, FISC, SAN DIEGO
UIC:	35737
Host Activity Name (if response is for a tenant activity):	FLEET INDUSTRIAL AND SUPPLY CENTER, SAN DIEGO
Host Activity UIC:	00244

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)		
Activity Name: BDC, FISC, SAN DIEGO		**UIC: 35737**

Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	~~1000~~	0	~~1000~~
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	0	0	0
2j. Other (Specify) Telephone Custodial	0 0	0 0	0 0
2k. Sub-total 2a. through 2j:	~~1000~~	0	~~1000~~
3. Grand Total (sum of 1c. and 2k.):	~~1000~~	~~1000~~	~~1000~~

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7/15/94

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)
O&M, DPH	

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

Table 2 - Services/Supplies Cost Data

Activity Name: BDC, FISC, SAN DIEGO	UIC: 35737
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	0
Material and Supplies (including equipment):	7521
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	510
Total:	8031

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3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BDC, FISC, SAN DIEGO	**UIC: 37537**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

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

NOT APPLICABLE

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

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

NONE

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

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

NOT APPLICABLE

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

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

Signature

COMMANDING OFFICER (Acting)
Title

Date JUL 13 1994

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

W. A. EARNER DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Signature

Title

7/27/94

Date

Document Separator

434

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC, FORD ISLAND
ACTIVITY UIC: 44554

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

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

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MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	12240	18317	18317	18317	18317	18317	18317	18317	18317
UNMET	5831	5767	5767	5767	5767	5767	5767	5767	5767
TOTAL	18071	24084	24084	24084	24084	24084	24084	24084	24084

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

Please show all calculations and assumptions in the space below:

FY1993		FY1994-FY2001	
MET CTVs	= ACTUAL MET CTVs		= RAPS x 19.59
UNMET CTVs	= RAPS x 6.17	UNMET CTVs	= RAPS x 6.17

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	9159	18317	18317	18317	18317	18317	18317	18317
UNMET	2884	5767	5767	5767	5767	5767	5767	5767
TOTAL	12043	24084	24084	24084	24084	24084	24084	24084

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

Please show all calculations and assumptions in the space below:

FY1993		FY1994-FY2001
MET CTVs	= ACTUAL MET CTVs	= RAPS x 19.59
UNMET CTVs	= RAPS x 6.17	UNMET CTVs = RAPS x 6.17

FY1994 TOTAL CAPACITY IS LOWER DUE TO THE CLOSURE OF DENTAL CLINIC SPACES FOR COMPLETION OF A RENOVATION PROJECT. THE CLINIC IS SCHEDULED TO REOPEN IN AUGUST 1994.

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

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

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[illegible]

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

CDR B. E. GOLDER, DC, USN	
NAME (Please type or print)	Signature
BRANCH DIRECTOR	31 MAY 1994
Title	Date
BDC, FORD ISLAND	
Activity	

ENCLOSURE (3)

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

Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-17-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

434

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC, FORD ISLAND
ACTIVITY UIC: 44554

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

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

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MISSION REQUIREMENTS

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

BDC, Ford Island serves the patient population physically located on Ford Island. Although part of Naval Station Pearl Harbor, Ford Island is located within the actual harbor itself and is inaccessible except by air or water transportation. An average of 1000 Naval and Marine personnel are assigned to work there. On frequent occasions this patient population is increased by Afloat or Detached units which are temporarily billeted, berthed or assigned there.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NOPF	58645	Ford Island	296
CUSP	57101	Ford Island	148
SDVT-1	46406	Ford Island	108
NSTCP	63154	Ford Island	104
ATG	57063	Ford Island	78
NAVSTA PH	62813	Ford Island	61
FASFAC	43583	Ford Island	58
JOINT BRIG	30849	Ford Island	54
CSSG-1	20090	Ford Island	11
BRIG	42874	Ford Island	10
KAHOOLAWE	44669	Ford Island	7
NTCC	45408	Ford Island	5
NDC PH	62313	Ford Island	3
NMC PH	68098	Ford Island	2

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

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	945
B. FY1993 MET WORKLOAD (CTVs)	12,240
C. FY1993 UNMET WORKLOAD (CTVs)	5,831
D. TOTAL WORKLOAD (B+C)	18,071
E. MET WORKLOAD PER CAPITA (B÷A)	12.95
F. UNMET WORKLOAD PER CAPITA (C÷A)	6.17
G. WORKLOAD PER CAPITA (D÷A)	19.12

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

Maximum capacity for CTVs: 18317.3

Explanation:

Productivity during FY 93 was lower than the pervious 2 years. Although the actual "assigned to the Island" population has averaged just under 1000 personnel, the temporary military population, ie; ships and combat support detachments, have varied. The 18317.3 CTV represents a 3 year average of met CTV's.

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	935	935	935	935	935	935	935	935
A: TOTAL MET CTVs	9159	18317	18317	18317	18317	18317	18317	18317
B: TOTAL UNMET CTVs	2884	5767	5767	5767	5767	5767	5767	5767
C: TOTAL WORKLOAD REQUIREMENT (A+B)	12043	24084	24084	24084	24084	24084	24084	24084
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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MED 63

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

Maximum capacity for CTVs: 18317.3

Explanation: Same as page 5.

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
ALL TRAINING PROVIDED AT NDC PEARL HARBOR								

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
540-10	76/Dispensary	6624	45	S
	Dental Spaces	2340		

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
Bldg 76			
C-1-89	Renovate Ford Island Clinic	FY1993	317K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

The exterior of the building is in need of cosmetic maintenance. Both the Dental and Medical clinics are currently being renovated and will reopen in July 1994. The rest of the building is unoccupied and in a state of neglect. NAVSTA Pearl Harbor has stated they do not have funds to maintain the building except to prevent further deterioration. Patients approaching the building for the first time have a negative impression of the clinics within. This improves once the patient actually enters within the Dental Spaces, but that poor "First Impression" lingers.

LOCATION

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

**

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

**

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

See below.

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

N/A

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

5 - 15 minute walk

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

Yes. As mentioned below, an additional commute of at least 20 minutes, one way, by water transportation is required.

** Ford Island is located in the middle of Pearl Harbor and is physically isolated from the rest of NAVSTA PH. Off Island transportation is by Ferry or Shuttle boat only; scheduled at hourly intervals. Many workhours are lost when patient visit other clinics.

FEATURES AND CAPABILITIES

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

The nearest other Dental facility is the NDC PH Main Clinic at Makalapa. To reach it, all Ford Island personnel would need to take a 20 minute boat ride to NAVSTA, then walk another 10 minutes to arrive at the Makalapa clinic.

In other words a minimum round trip commute of one hour would be required for any off island dental appointment.

An exception to this minimum time is a frequent occurrence. Water transportation is temporarily suspended during ship movements into and out of Pearl Harbor. This is a frequent daily activity and water transportation is often off published schedules. Patients must compensate by leaving Ford Island much earlier than scheduled at the Makalapa clinic or risk a failed appointment should water transportation be delayed. Consequently actual round trip commuter time can vary from 1 to 3 manhours.

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

Same answer as question 11.

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

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

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

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

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

13. Quality of Life.
PLEASE REFER TO HOST COMMAND'S QUALITY OF LIFE SECTION.
HOST: NAVAL STATION, PEARL HARBOR UIC: 62813 DATA CALL: #37

a. Military Housing

(1) Family Housing:

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CDR B. E. GOLDER, DC, USN	
NAME (Please type or print)	Signature
BRANCH DIRECTOR	31 MAY 1994
Title	Date
BDC, FORD ISLAND	
Activity	

ENCLOSURE (9)

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

R W Hinman
Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-17-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

434

UIC: 44554

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

• Name

Official name	*Branch Dental Clinic, Ford Island, HI*
Acronym(s) used in correspondence	*BDC Ford Island*
Commonly accepted short title(s)	*Ford Island Dental*

• Complete Mailing Address:

Naval Dental Center
Box 111
Pearl Harbor, HI 96860-5030

• PLAD: NAVDENCEN PEARL HARBOR HI

• PRIMARY UIC: 44554 (Plant Account UIC for Plant Account Holders)

• ALL OTHER UIC(s): None. PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

• Yes ___ No X (check one)

3. ACTIVITY TYPE:

• HOST COMMAND:

• Yes___ No X (check one)

• TENANT COMMAND:

• Yes X No ____ (check one)

• Primary Host (current) UIC: 62813

• Primary Host (as of 01 Oct 1995) UIC: 62813

• Primary Host (as of 01 Oct 2001) UIC: 62813

ENCL (3)

UIC: 44554

• INDEPENDENT ACTIVITY:

• Yes____ No __X__ (check one)

4. SPECIAL AREAS:

Name	Location	UIC
None.	N/A	N/A

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
None.	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. No.

7. MISSION:

Current Missions

• Provide comprehensive outpatient dental care to the Navy and Marine Corps shore activities, the Fleet, and other authorized personnel in Hawaii.

• Participate as an integral element of the Navy and Tri-service Regional Health Care System.

• Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

• Same as current missions mentioned above.

8. UNIQUE MISSIONS:

Current Unique Missions: None.

Projected Unique Missions for FY 2001: None.

UIC: 44554

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

• Operational name/UIC:

Commanding Officer, Naval Station, Pearl Harbor, HI/62813

• Funding Source/UIC:

Chief, Bureau of Medicine and Surgery/00018

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	1	2	0
• Tenants (total)	74	784	12

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	10	20	0
• Tenants (total)	~~74~~	~~784~~	~~12~~

GSA
BUMED-826
7/14/94

11. KEY POINTS OF CONTACT (POC):

Title/Name:

- **Director, Branch Dental Clinic, Ford Island, HI:**
  CDR B. E. GOLDER, DC, USN
  Office: (808) 471-3911 Home: (808) 486-0925 Fax: (808) 471-4098
- **Duty Officer:**
  Office: (808) 471-3911 Fax: (808) 471-4098
- **XO, Naval Dental Center, Pearl Harbor, HI:** CAPT J. E. TURNER, DC, USN
  Office: (808) 471-4098 Fax: (808) 471-4098 Home: (808) 499-2227

UIC: 44554

- **Dir for Admin:** LCDR R. POBLETE, MSC, USN

  Office: (808) 474-4400 Fax: (808) 471-4098 Home: (808) 254-0436

12. TENANT ACTIVITY LIST:

TENANT COMMAND, NOT HOST

GSA BUMED-825 7/14/94

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civ-ilian
NOPF	68645	18	247	
CUSP	57101	26	98	
SDVT-1	46406	12	125	
NSTCP	63154	3	85	
ATG	57063	9	63	
NAVSTA PH	62813	1	40	
FASFAC	43583	3	49	
JOINT BRIG	30849	2	51	
CSSG-1	20090	0	11	
KAHOOLAWE	44669	0	7	
NTCC	45408	0	4	
NDC PH	62313	1	2	
NMC PH	68098	0	2	

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civ-ilian
N/A	N/A	N/A	N/A	N/A

- Tenants residing in Special Areas: None.

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A	N/A	N/A	N/A	N/A	N/A

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A	N/A	N/A	N/A	N/A	N/A

UIC: 44554

13. REGIONAL SUPPORT:

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
None.		

14. FACILITY MAPS: To be reported by CO, NAVSTA, Pearl Harbor HI.

UIC: 44554

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

CDR B. E. GOLDER, DC, USN
NAME (Please type or print)

B Golder
Signature

Director
Title

94 July 05
Date

Branch Dental Clinic, Ford Island, HI
Activity

UIC: 44554

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

NEXT ECHELON LEVEL

CAPT R. W. HINMAN, DC, USN
NAME (Please type or print)

R W Hinman
Signature

Commanding Officer
Title

7 July 94
Date

Naval Dental Center, Pearl Harbor, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x D F Hagen
Signature

CHIEF BUMED/SURGEON GENERAL
Title

July 15, 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

UIC: 44554

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	W A Earner
NAME (Please type or print)	Signature
	7/30/94
Title	Date

BRAC-95 CERTIFICATION

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

NAME (Please type or print)	Signature
Title	Date
Division	Department
Activity	

1P1

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC FORD ISLAND
UIC:	44554
Host Activity Name (if response is for a tenant activity):	NAVAL OCEAN PROCESSING FACILITY, FORD ISLAND
Host Activity UIC:	68645

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BDC FORD ISLAND		**UIC:** 44554	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	6	0	6
2b. Transportation	N/A	N/A	N/A
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	N/A	N/A	N/A
2j. Other (Specify)	N/A	N/A	N/A
2k. Sub-total 2a. through 2j:	6	0	6
3. Grand Total (sum of 1c. and 2k.):	6	0	6

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..

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BDC FORD ISLAND		**UIC:** 44554	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			N/A
1b. Real Property Maintenance (<$15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			N/A
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-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data

Activity Name: BDC FORD ISLAND	**UIC:** 44554
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	3
Material and Supplies (including equipment):	7
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	10

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BDC FORD ISLAND	**UIC:** 44554
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.

All construction and facilities support contract work performed by/or contracted by Public Works Center, Pearl Harbor and should be reported under UIC:62755 data call submission. Procurement contracts provided by Fleet and Industrial Supply Center, Pearl Harbor and should be reported under UIC:00604 data call submission.

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

R. W. HINMAN, CAPT, DC, USN
NAME (Please type or print)

R W Hinman
Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL DENTAL CENTER
PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

04 AUG 1994

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Dental Clinic, Great Lakes, Il*
Acronym(s) used in correspondence	*N/A*
Commonly accepted short title(s)	N/A

- Complete Mailing Address

  Naval Dental Center, Bldg. 73
  2707 Sheridan Road
  Great Lakes, IL 60088-5258

- PLAD NAVDENCEN GREAT LAKES IL

- PRIMARY UIC: 68326 (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): 43830 PURPOSE: Billets

  _____ _____

  _____ _____

2. PLANT ACCOUNT HOLDER:

- Yes x No _____ (check one)

Encl (4)

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

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

  - Yes ____ No x ___ (check one)

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

  - Yes x ___ No ____ (check one)
  - Primary Host (current) UIC: 00211 ___
  - Primary Host (as of 01 Oct 1995) UIC: 00211 ___
  - Primary Host (as of 01 Oct 2001) UIC: 00211 ___

- 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.

1. The closure of FT. Sheridan (BRAC-91) made Branch Dental Clinic (237) the primary treatment facility for about 1000 active duty Army personnel and their dependents. This occurred in May 1993.

2. It is anticipated that during the summer surge, several officers will have to augment the Recruit Training Command (RTC) process. At that point, it will become increasingly difficult to maintain readiness of departing students.

3. During the period from Jan 94 to June 94, Transient Personnel Unit (TPU) at NTC, Great Lakes will assume responsibility for it's counterpart TPU at RTC. This is a result of BRAC-93. Average onboard will be 200 with a annual throughput of 2000-3000.

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

- Ensure required dental readiness for Service School Command (SSC) students. FY94 throughput projected at 18,389. FY96 throughput projected at 44,242.

- Provide dental support for 2300-2500 NTC Great Lakes staff personnel.

- Provide treatment for Hospital Corps School which has an annual throughput of 7,000.

- Due to BRAC-93, Apprentice Training Division (ATD) of Recruit Training Command (RTC) will relocate to Service School Command (SSC), Great Lakes. Annual throughput is projected at 22,000.

-

-

Projected Missions for FY 2001

- Ensure readiness of students in all the Navy's Surface Warfare Schools.

-

-

-

-

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

Current Unique Missions

- None.
-
-

Projected Unique Missions for FY 2001

- None.
-
-

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

Operational name	UIC
Naval Dental Center, Great Lakes	68326

Funding Source	UIC
Naval Dental Center, Great Lakes	68326

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	16	32	10 6*
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~18~~ 0 GSA	~~43~~ 0 GSA	~~1~~ 0 GSA 2*
• Tenants (total)	N/A	N/A	N/A

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 M. T. BARCO	(708) 688-2230	(708) 688-3706	(708) 473-4522
• Duty Officer	(708) 688-2100	(708) 688-3706	(N/A)
• Branch Director R. A. BRUNHOFER	(708) 688-3699	(708) 688-3706	(708) 473-9413
• BRAC Coordinator J. S. CLASS	(708)688-5675	(708) 688-3706	(708) 362-7811

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
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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.)

84th Division Training	*Milwaukee, WI*	*Dental Care*
86th ARCOM	*Forest Park, IL*	*Dental Care*
416th Engineer Command	*Chicago, IL*	*Dental Care*
425th Transportation Brigade	*FT. Sheridan, IL*	*Dental Care*
Regional Training Site-Intelligence (RTSI) (North Central)	*FT. Sheridan, IL*	*Dental Care*
Chicago Recruiting Battalion	*FT. Sheridan, IL*	*Dental Care*
Readiness Group Fort Sheridan	*FT. Sheridan, IL*	*Dental Care*
Aviation Readiness Group	*FT. Sheridan, IL*	*Dental Care*
Illinois Army National Guard	*Springfield, IL*	*Dental Care*
Naval Hospital, Branch Medical Clinic (237)	*Great Lakes, IL*	*Dental Care*
Naval Training Center, Great Lakes	*Great Lakes, IL*	*Dental Care*
Naval Recruiting Command Area 5	*Great Lakes, IL*	*Dental Care*
Cryptological Office	*Great Lakes, IL*	*Dental Care*
MEPCOM	*Great Lakes, IL*	*Dental Care*

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)

Navy Absentee Collection Unit	*Great Lakes, IL*	*Dental Care*
Naval Dental Center (73) and (152)	*Great Lakes, IL*	*Dental Care*
Naval Reserve Center	*Great Lakes, IL*	*Dental Care*
Naval Legal Service Office	*Great Lakes, IL*	*Dental Care*
Naval Reserve Recruiting Command DET 2	*Great Lakes, IL*	*Dental Care*
Naval Reserve Readiness Command Region 13	*Great Lakes, IL*	*Dental Care*
Navy Band	*Great Lakes, IL*	*Dental Care*
Defense Commissary	*Great Lakes, IL*	*Dental Care*
Naval Regional Finance Center	*Great Lakes, IL*	*Dental Care*
Naval Computer & Telecommunication DET	*Great Lakes, IL*	*Dental Care*
PERSUPPACT-PSA	*GLAKES IL*	*Dental Care*
PERSUPPDET-PSD-122	*GLAKES IL*	*Dental Care*
PREVENTIVE MED 237	*GLAKES IL*	*Dental Care*
PUBLIC WORKS CMD	*GLAKES IL*	*Dental Care*
SERVICE SCHOOL CMD	*GLAKES IL*	*Dental Care*
TPU	*GLAKES IL*	*Dental Care*

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

M. T. BARCO	M. T. Barco
NAME (Please type or print)	Signature
COMMANDING OFFICER	01 Feb 94
Title	Date
NAVAL DENTAL CENTER, GREAT LAKES, IL	
Activity	

Encl (1)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

435

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NTC GREAT LAKES
ACTIVITY UIC: 43830

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

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

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MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	226494	226494	226494	226494	226494	226494	226494	226494	226494
UNMET	55726	56560	72613	75990	75990	75990	75990	75990	75990
TOTAL	282220	283054	299107	302484	302484	302484	302484	302484	302484

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

Please show all calculations and assumptions in the space below:
Formula for UNMET CTVs from Efficiency Review
CLASS 2 = 4.55 CTV'S
CLASS 3 = 9.20 CTV'S
CLASS 4 = 4.77 CTV'S

AVERAGE % DENTAL CLASS TIME POPULATION
THEN TIMES CLASS FORMULA FOR CTV'S
THIS WILL GIVE YOU UNMET CTV'S

FY0623
MED 63

MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	154015	163076	163076	163076	163076	163076	163076	163076	163076
UNMET	56856	72613	75990	75990	75990	75990	75990	75990	75990
TOTAL	210575	235689	239066	239066	239066	239066	239066	239066	239066

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

Please show all calculations and assumptions in the space below:
Formula for UNMET CTVs from Efficiency Review
CLASS 2 = 4.55 CTV'S
CLASS 3 = 9.20 CTV'S
CLASS 4 = 4.77 CTV'S

AVERAGE % DENTAL CLASS TIME POPULATION
THEN TIMES CLASS FORMULA FOR CTV'S
THIS WILL GIVE YOU UNMET CTV'S

R 3

940623
M&D 63

43830

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	154015	163076	163076	163076	163076	163076	163076	163076
UNMET	56560	72613	75990	75990	75990	75990	75990	75990
TOTAL	210575	235689	239066	239066	239066	239066	239066	239066

940623
MGD63

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

Please show all calculations and assumptions in the space below:
FORMULA FOR UNMET CTVS FROM EFFICIENCY REVIEW
CLASS 2 = 4.55 CTV'S
CLASS 3 = 9.20 CTV'S
CLASS 4 = 4.77 CTV'S

AVERAGE % DENTAL CLASS TIME POPULATION
THEN TIMES CLASS FORMULA FOR CTV'S
THIS WILL GIVE YOU UNMET CTV'S

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	226494	226494	226494	226494	226494	226494	226494	226494
UNMET	55726	56560	72613	75990	75990	75990	75990	75990
TOTAL	282220	283054	299107	302484	302484	302484	302484	302484

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

Please show all calculations and assumptions in the space below:
FORMULA FOR UNMET CTVS FROM EFFICIENCY REVIEW
CLASS 2 = 4.55 CTV'S
CLASS 3 = 9.20 CTV'S
CLASS 4 = 4.77 CTV'S

AVERAGE % DENTAL CLASS TIME POPULATION
THEN TIMES CLASS FORMULA FOR CTV'S
THIS WILL GIVE YOU UNMET CTV'S

R.

940623
MGD63

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	26	26	18	18	18	18	18	18	18
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
~~DENTAL TECHNICIANS (MIL & CIV)~~	~~58~~	~~58~~	~~44~~	~~44~~	~~44~~	~~44~~	~~44~~	~~44~~	~~44~~

940623
M&D63

~~**Note: Included in NDC Great Lakes UIC 68326.**~~

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

Robert A. Brunhofer, CAPT, DC, USN
NAME (Please type or print)

Robert A. Brunhofer
Signature

Branch Director
Title

31 May 94
Date

BRDENCLINIC 237 GREAT LAKES IL
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)

MARTIN T. BARCO, CAPT, DC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

31 May 94
Date

Naval Dental Center, Great Lakes
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-30-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

07 JUL 1994
Date

435

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NTC GREAT LAKES
ACTIVITY UIC: 43830

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

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

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MISSION REQUIREMENTS

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

To deliver high quality dental care to military, active and reserve, personnel assigned to commands located on and around the Naval base at Great Lakes.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SERVSCOLCOM	0580A	GLAKES, IL	1281
86TH AIRCOM	WACVAA	FOREST PARK,IL	475
NTC	00210	GLAKES, IL	344
CHICAGO RECRUITING BATT	W19HAA	FT. SHERIDAN,IL	210
BRMEDCLINIC 237	00211	GLAKES, IL	145
BRDENCLINICS 73, 237 & 152	68326	GLAKES, IL	113
READINESS GROUP	W4M509	FT SHERIDAN, IL	80
NAVRESREDCEN	66231	GLAKES, IL	49
PERSUPPDET NTC	43106	GLAKES, IL	46
TRANSITPERSU	66176	GLAKES, IL	39
NAVY BAND	35406	GLAKES, IL	38
416TH ENGINEER COMMAND	WRXMAA	CHICAGO, IL	37
NAVRESREDCOM REG THIRTEEN	68330	GLAKES, IL	32

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVRESREDCOM DET TWO	47764	GLAKES, IL	30
COMNAVCRUITCOM AREA FIVE	62915	GLAKES, IL	24
MEPCOM	41623	GLAKES, IL	22
NAVLEGSVCOFF	68369	GLAKES, IL	22
PREVENTIVE MEDICINE 237	43831	GLAKES, IL	19
DECA	49108	GLAKES, IL	17
PERSUPPACT	68598	GLAKES, IL	17
NACU	43296	GLAKES, IL	16
RTSI NORTH CENTRAL	W49603	FT SHERIDAN, IL	15
NAVCOMM DET	33287	GLAKES, IL	13
PWC	65113	GLAKES, IL	12
ARMY NG - HHC 33 INF BDE	QMVAA	SPRINGFIELD, IL	12
AVIATION READINESS GRP	W4M521	FT SHERIDAN, IL	9
ARMY NG - HHC(-), 1/106AVN	YDETO	SPRINGFIELD, IL	9

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
ARMY NG - HHC 133 SIG BN	VMETO	SPRINGFIELD, IL	9
ARMY NG - DET 1 STARC	8ATA1	SPRINGFIELD, IL	9
ARMY NG - HHC 108 SPT BN	QTHTO	SPRINGFIELD, IL	9
ARMY NG - HHB 1/202 ADA	YKUT0	SPRINGFIELD, IL	9
ARMY NG - HHSB (-) 2/122 FA	PL3TO	SPRINGFIELD, IL	8
ARMY NG - HHB 2/202 ADA	PCTTO	SPRINGFIELD, IL	7
ARMY NG - HHC 33 MP BN	QTXAA	SPRINGFIELD, IL	7
ARMY NG - HHC 1/131 INF	PMETO	SPRINGFIELD, IL	7
ARMY NG - HHC 1/178 INF	P5XTO	SPRINGFIELD, IL	7
ARMY NG - HHD 404TH CHEM BDE	YPZAA	SPRINGFIELD, IL	7
ARMY NG - CO E(-) 106 AVN	VGHAA	SPRINGFIELD, IL	6
ARMY NG - HHD 44 CHEM BN	YQEAA	SPRINGFIELD, IL	5
ARMY NG - DET 1 STARC, CO D	YDEDO	SPRINGFIELD, IL	4
ARMY NG - 33D INF BDE, CO C	PMECO	SPRINGFIELD, IL	4

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
ARMY NG - HHD 108 MED BN	PLZAA	SPRINGFIELD, IL	4
ARMY NG - DET 1 STARC (TCB) CO A(-)	YDEAO	SPRINGFIELD, IL	3
ARMY NG - DET 1 STARC, CO F 106 AVN	ZFEAA	SPRINGFIELD, IL	3
ARMY NG - DET 1 STARC, CO C	VMECO	SPRINGFIELD, IL	3
ARMY NG - DET 1 STARC (TCB), 1644 TRANS CO	QTRAA	SPRINGFIELD, IL	3
ARMY NG - DET 1 STARC (TCB), HHB 2/202 ADA, BTRY A	PCTAO	SPRINGFIELD, IL	3
ARMY NG - DET 1 STARC (TCB), HHB 2/202 ADA, BTRY C(-)	PCTCO	SPRINGFIELD, IL	3
ARMY NG - 33D INF BDE, CO A	QTHAO	SPRINGFIELD, IL	3
ARMY NG - 33D INF BDE, CO B	QTHBO	SPRINGFIELD, IL	3
ARMY NG - 33D INF BDE, CO C	QTHCO	SPRINGFIELD, IL	3
ARMY NG - 33D INF BDE, BTRY A	PL3AO	SPRINGFIELD, IL	3

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
ARMY NG - 33D INF BDE, BTRY B	PL3BO	SPRINGFIELD, IL	3
ARMY NG - 33D INF BDE, CO A	PMEAO	SPRINGFIELD, IL	3
ARMY NG -33D INF BDE, CO D	PMEDO	SPRINGFIELD, IL	3
ARMY NG - 404TH CHEM BDE, 708 MED CO	TZ5AA	SPRINGFIELD, IL	3
NAVREGFINCEN	N60956	GLAKES, IL	2
CRYTOLOGICAL OFFICE	47977	GLAKES, IL	2
ARMY NG - DET 1 STARC (TCB) 933 MP CO	TCYAA	SPRINGFIELD, IL	2
ARMY NG - DET 1 STARC (TCB) BTRY B	PCTBO	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, TRP E 106 CAV	QTJAA	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, 233 ENGR CO	QTLAA	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, 633 SIG PLT	YHYAA	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, DET 1 HHSB 2/122	PL3T1	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, CO B	PMEBO	SPRINGFIELD, IL	2

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
ARMY NG - 33D INF BDE, CO A	P5XAO	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, CO B(-)	P5XBO	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, CO C	P5XCO	SPRINGFIELD, IL	2
ARMY NG - 33D INF BDE, CO D	P5XDO	SPRINGFIELD, IL	2
ARMY NG - 404TH CHEM BDE, 244 CHEM CO (SMOKE)	YODAA	SPRINGFIELD, IL	2
ARMY NG - 404TH CHEM BDE DET 1 444 CHEM CO	YQAA1	SPRINGFIELD, IL	2
ARMY NG - 404TH CHEM BDE 508 MED CO	QTUAA	SPRINGFIELD, IL	2
ARMY NG - 66TH BDE 34TH ID, BTRY A	YKUAO	SPRINGFIELD, IL	2
ARMY NG - 66TH BDE 34TH ID, BTRY B	YKUBO	SPRINGFIELD, IL	2
ARMY NG - STARC(-), DET 4 STARC	8ATA1	SPRINGFIELD, IL	1
ARMY NG - DET 1 STARC (TCB), CO B	YDEBO	SPRINGFIELD, IL	1
ARMY NG - DET 1 STARC (TCB), 44 SPT GROUP	TCAAA	SPRINGFIELD, IL	1

ARMY NG - 33D INF BDE, 38TH INF DET (RCPOC)	ZGOAA	SPRINGFIELD, IL	1
ARMY NG - 33D INF BDE, AUG 2/122 FA	PL399	SPRINGFIELD, IL	1
ARMY NG - 404TH CHEM BDE, 444 CHEM CO(-)(DECON)	YQAAA	SPRINGFIELD, IL	1
ARMY NG - 404TH CHEM BDE 808 MED DET	QTVAA	SPRINGFIELD, IL	1
ARMY NG - 66TH BDE 24TH ID, BTRY C	YKUCO	SPRINGFIELD, IL	1

* 425th Transportation Brigade, FT Sheridan, Illinois would not submit a figure since they were being down sized. POC: (708) 926-2480

* 84th Division Training, Milwaukee, Wisconsin was contacted but did not respond. POC: (414) 438-6100

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	11,935
B. FY1993 MET WORKLOAD (CTVs)	226,494
C. FY1993 UNMET WORKLOAD (CTVs)	55,726
D. TOTAL WORKLOAD (B+C)	282,220
E. MET WORKLOAD PER CAPITA (B÷A)	18.97
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.66
G. WORKLOAD PER CAPITA (D÷A)	23.64

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

Maximum capacity for CTVs: 210575

Explanation: Large percentage of patient population is Service School Command students. The students are not on board long enough to complete work.

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	12114	10810	16274	16274	16274	16274	16274	16274
A: TOTAL MET CTVs	154015	163075	163076	163076	163076	163076	163076	163076
B: TOTAL UNMET CTVs	56560	72613	75990	75990	75990	75990	759990	75990
C: TOTAL WORKLOAD REQUIREMENT (A+B)	210575	235689	239066	239066	239066	239065	239066	239066
DENTISTS (MIL AND CIV)	17	18	18	18	18	18	18	18
PROPHY TECHNICIANS (MIL AND CIV)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

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

Maximum capacity for CTVs: 210575

Explanation: Large percentage of population are Service School Command students. The students are not on board long enough to complete work.

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5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years. **Refer to UIC 68326.**

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
43830	237, Patient Care	20,000	18	Adequate

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

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

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

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

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result fo BRAC realignments or closures. **None.**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None		

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997. **None.**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None		

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements** planned for 1995 through 1999. **None.**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None		

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts. **None.**

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 January 1994	UIC	43830
FACILITY	Naval Dental Clinic Building 237 Great Lakes, IL 60088		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	20,000 sqft	
2. DENTAL TREATMENT ROOM	24 10	Radial 11.5′ x 10′	SEE PART V
3. STERILIZATION ROOM	1 1	31′ x 11′ 14′ x 9′	CLEAN ROOM CONTAMINATED ROOM
4. X-RAY EXPOSURE ROOM	1	13′ x 11′	
5. DARKROOM	1	11.5′ x 10′	
6. PROSTHETIC LAB	1	12.5′ x 12′	
7. STOREROOM/ SUPPLY ROOM	1 1	30.5′ x 11′ 7′ x 15′	
8. CONFERENCE ROOM	1	28′ x 11′	
9. ADMINISTRATIVE OFFICE	1 1 1 1	10′ x 10′ 17′ x 11′ 11.5′ x 8.5′ 12′ x 12′	
10. DENTAL OFFICER'S OFFICE	1 1 1	10′ x 11′ 11.5′ x 9′ 11.5′ x 19′	

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11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	24.5′ x 32.5′	
13. RECORDS CONTROL OFFICE	1	36.5′ x 11.5′	
14. LOCKER ROOM (MALE)	1 1	11′ x 9′ 13.5′ x 9′	
15. LOCKER ROOM (FEMALE)	2	11.5′ x 10′	
16. TOILET FACILITY (MALE)	1 1 1	16′ x 10′ 6′ x 7′ 9′ x 5′	
17. TOILET FACILITY (FEMALE)	1 1 1	16′ x 10′ 6′ x 7′ 9′ x 5′	
18. OTHER MAJOR ROOMS SURGERY SCRUB ROOM PD STAGING ROOM LIBRARY	 1 1 1	 9′ x 8′ 30′ x 30′ 11′ x 9′	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 4200 ADEC 2070 ADEC DECADE ADEC 2080	24 6 1 2	A-4 (24) A-4 (2) A-5 (5) A-4 (2)
2. DENTAL OPERATING CHAIR	ADEC 1005 MDT RELAXADENT BOYD SURGICAL TABLE KOENIGKRAMER RELIANCE DENTAL EZ JS	31 1 1 1 3	A-4 (27) A-6 (6) A-4 (1) A-4 (1) A-5 (3)

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3. DENTAL OPERATING LIGHT	PELTON CRANE LFII ADEC 6300 PELTON CRANE LF+	22 12 2	A-4 (22) A-4 (12) A-5 (3)
4. CENTRAL VACUUM SYSTEM	US TURBINE 20 HP AIR TECHNIQUES VACSTAR 8	1 1	A-4 (1) A-4 (1)
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AIRSTAR 5 AIR TECHNIQUES 58000 INGERSOL RAND T-30	1 1 2	A-4 (1) A-4 (1) A-4 (2)
6. STERILIZER	MDT WASHER/RINSER MC 3525 MDT STEAM MC 3533 AMSCO DRY HEAT	2 2 1	A-4 (2) A-4 (2) A-5 (1)
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT	MDT RINSER/DRYER 7946 MDT SONIC CLEANER 7936	1 1	A-4 (1) A-4 (1)

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX 1000 (JAN 87) GENDEX 770 (2)(FEB 88) (1)(OCT 87)	2 3	A-4 A-4 (3)	5 AUG 91 20 MAR 92
2. MOBILE INTRA-ORAL				
3. PANORAMIC	J. MORITA (NOV 87)	1	A-4	20 MAR 92
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUES AT-2000 AIR TECHNIQUES PERI-PRO	2 2	A-4 (2) A-4	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 115/230		b. CYCLE: 60	
2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

ALL XRAY MACHINES WERE MANUFACTURED AFTER AUGUST 1974 AND COMPLY WITH FEDERAL PERFORMANCE STANDARDS.

PART 1 LINE 2: CLINIC 237 HAS THREE SEPARATE IDENTICAL RADIALS EACH HAS A TOTAL SQUARE FOOTAGE OF 1,210. EACH HAS ONE SCRUB AREA OF 20SQFT, ONE ROTATER/WORK/ STORAGE AREA OF 370 SQFT, AND EIGHT DENTAL TREATMENT ROOMS OF 100 SQFT.

DATE	TYPED NAME AND GRADE	SIGNATURE
03 JAN 93	M. T. BARCO, CAPT, DC, USN	

LOCATION

9. Geographic Location. How does your geographic location affect your mission? **Refer to UIC 68326.**

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

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

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

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

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? No.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility? **Refer to UIC 68326.**

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer. **Refer to UIC 68326.**

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
BRDENCLINIC GUANTANAMO BAY	62333	1
USS SAIPAN	20632	2

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

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

If each training course required by BUMEDINST 6440.5A is estimiated to be at least one week (excluding Basic Life Support), then 12 weeks would be required to bring these staff members up to requirements.

13. Quality of Life. **Refer to NTC Great Lakes N00210 Military Value Analysis Data Call #23.**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR 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_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BDC NTC 43830
29

BRAC-95 CERTIFICATION

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

Rodrigo C. Melendez
NAME (Please type or print)

Signature

CAPT, DC, USN
Title

23 Jun 94
Date

MED-06
Division

MED-63 (Healthcare Operations)
Department

Bureau of Medicine and Surgery
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

Robert A. Brunhofer, CAPT, DC, USN
NAME (Please type or print)

Robert A. Brunhofer
Signature

Branch Director
Title

31 May 94
Date

BRDENCLINIC 237 GREAT LAKES IL
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)

MARTIN T. BARCO, CAPT, DC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

31 May 94
Date

Naval Dental Center, Great Lakes
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-30-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

07 JUL 1994
Date

DATA CALL 66
INSTALLATION RESOURCES

435

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, BLDG 237
UIC:	43830
Host Activity Name (if response is for a tenant activity):	~~NAVAL DENTAL CENTER~~ NAVAL HOSPITAL ~~BLDG 73~~ GREAT LAKES, IL ~~GREAT LAKES, IL 60088-5258~~ 60088 HSO 7/18/94 B.W.
Host Activity UIC:	~~68326~~ N00211

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.**

Encl (1)

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name:BRANCH DENTAL CLINIC, BLDG 237		UIC: 43830	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	~~21~~ Ø		~~21~~ Ø
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) MISSION		~~2673~~ Ø	~~2673~~ Ø
2k. Sub-total 2a. through 2j:	~~21~~ Ø	~~2673~~ Ø	~~2694~~ Ø
3. Grand Total (sum of 1c. and 2k.):	~~21~~ Ø	~~2673~~ Ø	~~2694~~ Ø

HSO
7/18/94
B.W.

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)
O&M	~~516~~ Ø HSO
MPN	~~2178~~ Ø 7/18/94 B.W.

NOTE: MPN IS BASED ON FY93 COMPOSITE RATES

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, BLDG 237		UIC: 43830	
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.	N/A	N/A	N/A
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:	N/A	N/A	N/A

3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC, BLDG 237	**UIC:** 43830
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	
Material and Supplies (including equipment):	
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	726
Total:	726

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: BRANCH DENTAL CLINIC, BLDG 237	**UIC:** 43830
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	15
Procurement:	
Other:*	
Total Workyears:	15

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

2) Estimated number of workyears which would be eliminated: N/A

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

See page 7R

VR Bumed 824
7/28/94

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)): 15

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

7R VR Burnes 824 7/28/94

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: July 28, 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print) — Signature: W A Earner

Title — Date: 8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

M. T. BARCO, CAPT, DC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

13 Jul 94
Date

NAVAL DENTAL CENTER, GREAT LAKES
Activity

Encl (1)

Document Separator

4136

CAPACITY ANALYSIS: # 28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Gulfport, MS
ACTIVITY UIC: 41784

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

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

ENCLOSURE (9)

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing 5

28

MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	**52,219**	**39,034**	**53,088**	**53,088**	**53,088**	**53,088**	**53,088**	**53,088**	**53,088**
UNMET	**15,452**	**15,452**	**13,148**	**13,148**	**13,148**	**13,148**	**13,148**	**13,148**	**13,148**
TOTAL	**67,671**	**54,486**	**66,236**	**66,236**	**66,236**	**66,236**	**66,236**	**66,236**	**66,236**

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

Please show all calculations and assumptions in the space below:

- See next page for notes and calculations.

28

BDC CBC Gulfport Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	3,561	3,561	3,561	3,561	3,561	3,561	3,561	3,561
A: Total MET CTVs	39,034	53,088	53,088	53,088	53,088	53,088	53,088	53,088
B: Total UNMET CTVs	15,452	13,148	13,148	13,148	13,148	13,148	13,148	13,148
C: Total Workload requirements (A+B)	54,486	66,236	66,236	66,236	66,236	66,236	66,236	66,236
Dentists (military and Civilian)	4	5	5	5	5	5	5	5
Prophy Techs (military and Civilian)	0	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	1	0	0	0	0	0	0	0

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.
FY-1994 MET CTVs of 39,034 is an aberration as a result of 3 Dental Officers vice 4 working first 5 months of FY-1993.
RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs , actual population April 1994 used for all calculations.
FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.
UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.
FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.
GS Hygienist resigned April 1994 and replaced by Prophy Technician for FY-1995 on.

FY-1995-2001

	Numbers		AVG CTVs	Months	CTVs Year	Provider CTVs
DO	5		752	12	45,120	9,024
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		243	12	2,916	
Total CTVs					53,088	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.
Dental Officers (5), shown above, include 2 from CBC Battalions.
Three Dental Officers are permanently assigned.

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**
UNMET	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**	**89,628**

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- See next page for notes and calculations.

28

BDC CBC Gulfport Data Call #28

Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
MET	89,628	89,628	89,628	89,628	89,628	89,628	89,628	89,628
UNMET	0	0	0	0	0	0	0	0
Total	89,628	89,628	89,628	89,628	89,628	89,628	89,628	89,628

Given physical plant is the only constraint.
RAPS population data unavailable for this clinic.

This clinic has 11 usable Dental Treatment Rooms (DTRs). Following assumptions are based on number of usable DTRs.
UNMET CTVs are zero in FY-1994-2001 because total workload exceeds projected mission requirements.

Assumptions:

1. **11 DTRs could be ideally staffed with 7 Dental Officers (DOs) and 2 Hygienist (HYG).**
2. **Above workload figures are based on staffing increase from 4 to 7 DO's and 1 HYG to 2 HYG.**
3. **Required enlisted personnel will be available.**
4. **Sufficient supplies will be available.**
5. **Sufficient funding will be available.**

MET CTVs

	Numbers		AVG CTVs	Months	CTVs Year
DO	7		752	12	63,168
HYG	2		981	12	23,544
Prophy	0		0	12	0
X-Ray	0		243	12	2,916
Total CTVs					89,628

DO's average CTVs same as clinic average reported in Data Call #29.
X-ray average CTVs same as reported in Data Call #29.
Hygienist's average CTVs are command wide average of all HYG for February, March, and April 1994.

2. **Staffing**. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	**5**	**4**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
PROPHY TECHNICIANS (MIL AND CIV)	**0**	**0**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
DENTAL HYGIENISTS (MIL AND CIV)	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

- Same as projected Staffing in Data Call #29.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

G. B. Grantham
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 BDC Gulfport, MS

ENCLOSURE (9)

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

~~DUFFHAGEN, RADM, MC, USN~~

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

Signature

~~CHIEF BUMED/SURGEON GENERAL~~

ACTING CHIEF BUMED

Title

15 JUN 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

6/20/94

Date

Document Separator

Activity: 41784

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	*Branch Dental Clinic, Gulfport, MS*
Acronym(s) used in correspondence	BDC - Branch Dental Clinic DEN - Dental BR - Branch CL - Clinic
Commonly accepted short title(s)	BRDENCLINIC, Gulfport MS BRDENCL, GULFPORT, MS

- Complete Mailing Address
5503 Marvin Shields Blvd.
Gulfport, MS 39501-5006

- PLAD
BRDENCLINIC GULFPORT MS

- PRIMARY UIC: 41784 (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): _____ PURPOSE: _____
_____ _____
_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

ENCLOSURE (10)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

· Yes ____ No __X__ (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

· Yes __X__ No ____ (check one)

· Primary Host (current) UIC: __62604__

· 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		

Activity: 41784

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.

NONE

Activity: 41784

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide dental treatment support to Construction Battalion Center, Gulfport, MS, the 20th Regiment and its tenant activities.
- Inform and advise the Commanding Officer, 20th Naval Construction Regiment in dental matters.
- As Second Brigade Dental Officer, advise COM 2ND Brigade of the Naval Construction Force on dental matters.
- Provide dental support to authorized beneficiaries as appropriate and available.
- Provide material and mutual support to active seabee battalions during homeport cycle.

Projected Missions for FY 2001

-
- Same as above.
-
-
-

Activity: 41784

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

- BDC Gulfport provides material and mutual support to active seabee battalions when in homeport.
- Battalion dental departments are under quasi-TMADD orders to NDC Pensacola via BDC Gulfport.
- NO NCA

No Classified mission responsibilities.

Projected Unique Missions for FY 2001

-
- Same as 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	UIC
Naval Dental Center, Pensacola, FL	68441

• Funding Source	UIC

Activity: 41784

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	9	2
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	3	8	2
• Tenants (total)			

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			
Commanding Officer			
CAPT G. B. Grantham, DC, USN	(904)452-5650	(904)452-5285	(904)432-1203
• Duty Officer	(904)452-5600	Same	[N/A]
• Administrative Officer			
CDR R. L. Burdess, MSC, USN	(904)452-5647	Same	(904)484-3509
•			

Activity: 41784

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
N/A				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

• Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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		

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.)

Activity: 41784

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT G. B. Grantham, DC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

4 Feb 94
Date

Naval Dental Center, Pensacola, FL
Activity

Activity: 41784

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

RADM R. I. Ridenour
NAME (Please type or print)

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

J B Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

Document Separator

4136

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Gulfport, MS
ACTIVITY UIC: 41784

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*******If any responses are classified, attach separate classified annex********

ENCLOSURE (9) 29

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MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

To provide quality dental services to Navy and Marine Corps units of the Operating Forces, shore activities and other authorized personnel in the assigned geographic area of Construction Battalion Center, Gulfport, Mississippi.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NCTC SCHOOL	31168	CBC GULFPORT, MS	367
20th NCR	32781	CBC GULFPORT, MS	185
KEESLER SCHOOL	32861	KEESLER AFB BILOXI, MS	146
NCTC STAFF	43262	CBC GULFPORT, MS	143
CBC	62604	CBC GULFPORT, MS	132
NAVO	62306	BAY ST LOUIS	84
BR MED CLINIC	39375	CBC GULFPORT, MS	25
CBC OTHER	35017	CBC GULFPORT, MS	22
PSD	43084	CBC GULFPORT, MS	20
RNCF	47880	CBC GULFPORT, MS	19
NRC	61935	CBC GULFPORT, MS	17
BR DEN CLINIC	41784	CBC GULFPORT, MS	12
I & I USMC	45365	CBC GULFPORT, MS	12
2ND BRIG	35554	CBC GULFPORT, MS	10

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MIUW	31768	CBC GULFPORT, MS	09
COMMISSARY	49223	CBC GULFPORT, MS	08
NRLD SPACE CTR	68462	BAY ST LOUIS	06
LEGAL	45710	CBC GULFPORT, MS	04
COOP MINE	47119	CBC GULFPORT, MS	03
EEAP	48476	CBC GULFPORT, MS	03
SUPSHIP GPT	48885	PORT OF GULFPORT	03
NAVAIDS	42896	CBC GULFPORT, MS	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	**3,561**
B. FY1993 MET WORKLOAD (CTVs)	**52,219**
C. FY1993 UNMET WORKLOAD (CTVs)	**15,452**
D. TOTAL WORKLOAD (B+C)	**67,671**
E. MET WORKLOAD PER CAPITA (B÷A)	**14.66**
F. UNMET WORKLOAD PER CAPITA (C÷A)	**4.34**
G. WORKLOAD PER CAPITA (D÷A)	**19.00**

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **ROW B IS MAXIMUM CAPACITY.**

Explanation:

- EFFICIENCY REVIEW METHODOLOGY USED TO DETERMINE UNMET WORKLOAD.

- See attached sheet for notes and calculations.

BDC CBC Gulfport Data Call #29

Actual Population	3,561	
RAPS	0	Not Available
FY-1993-Total MET CTVs	52,219	

EFFICIENCY REVIEW METHODOLOGY

Class Requirements

Class	# of Patients	% of Patients
I	534	15%
II	2,564	72%
III	356	10%
IV	107	3%
Total	3,561	100%

ER Multiple

Class	# of Patients	CTV Multi	Result
II	2,564	4.55	11,666
III	356	9.20	3,275
IV	107	4.77	510
Total	3,027	UNMET	15,452

Percentages of Class II, III, and IV records shown above are derived from the average percentages for June 1993 thru May 1994.
UNMET CTVs are then determined after applying the ER multiple also noted above.

Workload per Capita

A.	ACTUAL POPULATION	3,561
B.	FY1993 MET WORKLOAD (CTVs)	52,219
C.	FY1993 UNMET WORKLOAD (CTVs)	15,452
D	TOTAL WORKLOAD (B+C)	67,671
E.	MET WORKLOAD PER CAPITA (B/A)	14.66
F.	UNMET WORKLOAD PER CAPITA (C/A)	4.34
G.	WORKLOAD PER CAPITA (D/A)	19.00

Actual population includes 2,475 CBC Battalion personnel. Base population is 1,086.
Above data includes CTVs for CB Battalions ashore. Of 4 Battalions assigned, two are in-port and 2 are deployed at any given time.
One Dental Officers (DOs) is assigned to each Battalion. DO's ashore practice Dentistry at the Gulfport Dental on their Battalion personnel.
Of the 52,211 met CTVs, 11,295 were performed by CBC Dental Officers.
CTVs for CB Battalions afloat are reported directly to BUMED, not thru Branch Dental Clinic Gulfport.
X-Ray CTVs are included in FY-1993 MET workload.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	3,561	3,561	3,561	3,561	3,561	3,561	3,561	3,561
A: TOTAL MET CTVs	39,034	53,088	53,088	53,088	53,088	53,088	53,088	53,088
B: TOTAL UNMET CTVs	15,452	13,148	13,148	13,148	13,148	13,148	13,148	13,148
C: TOTAL WORKLOAD REQUIREMENT (A+B)	54,486	66,236	66,236	66,236	66,236	66,236	66,236	66,236
DENTISTS (MIL AND CIV)	4	5	5	5	5	5	5	5
PROPHY TECHNICIANS (MIL AND CIV)	0	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	1	0	0	0	0	0	0	0

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: **SEE ATTACHED SHEET (NEXT PAGE)**

Explanation:

- **See attached sheet for notes and calculations.**

BDC CBC Gulfport Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	3,561	3,561	3,561	3,561	3,561	3,561	3,561	3,561
A: Total MET CTVs	39,034	53,088	53,088	53,088	53,088	53,088	53,088	53,088
B: Total UNMET CTVs	15,452	13,148	13,148	13,148	13,148	13,148	13,148	13,148
C: Total Workload requirements (A+B)	54,486	66,236	66,236	66,236	66,236	66,236	66,236	66,236
Dentists (military and Civilian)	4	5	5	5	5	5	5	5
Prophy Techs (military and Civilian)	0	1	1	1	1	1	1	1
Dental Hygienists (MIL and CIV)	1	0	0	0	0	0	0	0

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.
FY-1994 MET CTVs of 39,034 is an aberration as a result of 3 Dental Officers vice 4 working first 5 months of FY-1993.
RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs , actual population April 1994 used for all calculations.
FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.
UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.
FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.
GS Hygienist resigned April 1994 and replaced by Prophy Technician for FY-1995 on.

FY-1995-2001

	Numbers		AVG CTVs	Months	CTVs Year	Provider CTVs
DO	5		752	12	45,120	9,024
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		243	12	2,916	
Total CTVs					53,088	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.
Dental Officers (5), shown above, include 2 from CBC Battalions.
Three Dental Officers are permanently assigned.

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A No training programs at this facility.								

29

- Not applicable, building is owned by CBC, Gulfport, MS

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

- Not applicable, building is owned by CBC, Gulfport, MS

- Not applicable, building is owned by CBC, Gulfport, MS

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements** planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

- Not applicable, building is owned by CBC, Gulfport, MS

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

- **Clinic should be close to units served.**

b. What are the nearest air, rail, sea, and ground transportation nodes?

- **Not applicable to dental clinics.**

c. What is the importance of your location given your mobilization requirements?

- **Not applicable to dental clinics.**

d. On the average, how long does it take your current client/customers to reach your facility?

- **30 minutes.**

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

- **None.**

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

- No Navy dental care available to Navy personnel assigned to this area or the active Seabee battalions returning to homeport following deployment.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

- No Navy dental care available to remaining active duty members. Closest facility is Keesler Air Force Base, Biloxi, MS, about 20 minutes away.

12. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
No mobilization requirements.		

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

13. Quality of Life.

- This segment answered by Host Activity, CBC Gulfport (UIC 62604) in BRAC Data Call # 9.

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

G. B. Grantham
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

29 BDC Gulfport, MS

ENCLOSURE (9)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

~~D. P. HAGEN, VADM, MC, USN~~
R. I. RIDENOUR, RADM,MC,USN
NAME (Please type or print)

Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

27 JUN 1994
Date

436

DATA CALL 66
INSTALLATION RESOURCES

Activity Name:	**Branch Dental Clinic, CBC, Gulfport, Mississippi**
UIC:	**41784**
Host Activity Name:	**Naval Construction Battalion Center, Gulfport, Mississippi**
Host Activity UIC:	**62604**

1. VR Burned 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Dental Clinic, CBC, Gulfport, Mississippi		UIC:	41784
	FY-96 BOS COSTS ($000)		
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction	25		25
1b. Sub-total 1a. and 1b.	25		25
2. Other Base Operating Support Costs:			
2a. Utilities	13		13
2b. Transportation	1		1
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	2		2
2j. Other (specify) Communication	5		5
2k. Sub-total 2a. through 2j.	21		21
3. Grand Total (sum of 1c. and 2k).:	46		46

Table 1B N/A VR Bumed 824 8/1/94

2. VR BUMED 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic, CBC, Gulfport, Mississippi	UIC: 41784
Cost Category	FY-1996 Projected Costs ($000)
Travel:	3
Material and Supplies (including equipment):	25
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	56
Total:	84

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, CBC, Gulfport, Mississippi	UIC: 41784
Cost Category	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

See pgs # 3R, 4R VR BUMED824 8/1/94

Off-Base Contract Workyear Data

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	N/A
N/A	N/A

No. of Additional Contract Workyears Which would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	N/A
N/A	N/A

3. VR BUMED 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

a. **On-Base Contract Workyear Table.** Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BRDENCLINIC CBC GULFPORT	**UIC:** 41784
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	N/A
Mission Support:	0.5
Procurement:	N/A
Other:*	N/A
Total Workyears:	0.5

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

3R VR Burned 824 8/1/94

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)):
Branch Dental Clinic Gulfport would transfer 0.5 workyears to the gaining activity.

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

X4R VR Burnup 824 8/1/94

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

G. B. GRANTHAM
NAME (Please type or print)

Signature

Commanding Officer
Title

13 July '94
Date

Naval Dental Center, Pensacola Florida
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)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM,MC,USN
NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 8-29-94

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

Date 8/30/94