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CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:_Branch Dental Clinic, Idaho Falls, ID
ACTIVITY UIC:_44524____

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

BRANCH DENTAL CLINIC IDAHO FALLS WILL BE CLOSING IN JULY 1995. CLOSURE IS THE RESULT OF THE NAVY'S DECISION TO CONSOLIDATE THE NUCLEAR POWER PROGRAM

**************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	17880	13410	6705	0	0	0	0	0	0
UNMET	1780	1264	632	0	0	0	0	0	0
TOTAL	19660	14674	7337	0	0	0	0	0	0

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:

Actual CTV's for FY93. Branch Dental Clinic, Idaho Falls is closing in July 1995. The closure is the result of the Navy's decision to consolidate the nuclear power training program. As the active duty population drops dental billets are being moved to other clinics within the Naval Dental Center. This draw down will result in a decrease in CTV's until the July closure.

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	17880	17880	0	0	0	0	0	0
UNMET	1780	1780	0	0	0	0	0	0
TOTAL	19660	19660						

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:

The Branch Dental Clinic, Idaho Falls has three dental operatories. If full staffing was maintained and active duty population remained constant through June 1995 the CTV's would continue at the FY93 level.

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

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

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

HENRY J. DE ANGELIS
NAME (Please type or print)

Signature

BRANCH DIRECTOR
Title

18 MAY 94
Date

BDC IDAHO FALLS, ID
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

26 May 94
Date

NAVAL DENTAL CENTER BREMERTON FOR BRANCH DENTAL CLINIC IDAHO FALLS 44524
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

6-8-94

CHIEF BUMED/SURGEON GENERAL
Title

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

6/20/94
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Dental Clinic, Idaho Falls, Idaho*
Acronym(s) used in correspondence	*BDC Idaho Falls*
Commonly accepted short title(s)	

- Complete Mailing Address
  Branch Dental Clinic
  1573 N. Skyline Drive
  Idaho Falls, ID 83402

- PLAD BDDENCL NAVADMINU IDAHO FALLS ID

- PRIMARY UIC: 44524_____ (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)

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GIA

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: U.S. Army*

• Primary Host (as of 01 Oct 1995) UIC: N/A

• Primary Host (as of 01 Oct 2001) UIC: N/A

* U. S. Army, 96th ARCOM, Ft. Douglas, UT

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

• Yes ____ No x___ (check one)

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

Name	Location	UIC
N/A		

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6.B

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.

Not affected by BRAC's. Naval Dental Clinic Idaho Falls will close in 1995 due to closure of the training reactor at Nucleaur Power Training Unit, Arco, ID.

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

Current Missions

- Direct dental support to Nuclear Power Training Unit (NPTU), Idaho
- Direct dental support to Naval Administrative Unit and Naval Medical unit, Idaho
-
-
-
-

Projected Missions for FY 2001

- N/A
-
-
-
-

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

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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	68443

Funding Source	UIC
Naval Dental Center, Bremerton WA	68443

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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	01	04	N/A
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	01	04	N/A
• 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			
Henry J. DeAngelis CAPT DC USN	(208) 529-0787	(208) 529-0789	(208) 529-5851
• Duty Officer			[N/A]
•			
Henry J. DeAngelis CAPT DC USN	(206) 529-0787	(206) 529-0789	
•			
_____			

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12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, 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					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
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.)

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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

Larry V. Kuhl, CAPT DC USN
NAME (Please type or print)

Signature Larry V. Kuhl

Commanding Officer
Title

Date

Naval Dental Center, Bremerton WA
Activity

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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)

Signature: Donald J. Hagen

SURGEON GENERAL/CHIEF BUMED____
Title

Date: 2-8-94

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)

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

Signature: JB Greene Jr

ACTING
Title

Date: 16 FEB 1994

Document Separator

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MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:_Branch Dental Clinic Idaho Falls, ID
ACTIVITY UIC:_44524____

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

BRANCH DENTAL CLINIC IDAHO FALLS IS SCHEDULED FOR CLOSURE IN JULY 1995. CLINIC IS THE RESULT OF THE LOSS OF ACTIVE DUTY PATIENT BASE DUE TO CONSOLIDATION OF THE NUCLEAR POWER TRAINING PROGRAM.

*******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 SUPPORT TO NAVY AND MARINE CORPS UNITS OF THE OPERATING FORCES, SHORE ACTIVITIES, AND OTHER AUTHORIZED PERSONNEL IN EASTERN CENTRAL IDAHO. DIRECT DENTAL SUPPORT PROVIDED TO NUCLEAR POWER TRAINING UNIT (NPTU) AND NAVAL ADMINISTRATIVE/MEDICAL UNIT, IDAHO.

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)
NUCLEAR POWER TRAINING UNIT	62985	ARCO, ID	721
BRANCH MEDICAL CLINIC	46098	IDAHO FALLS ID	22
NAVAL ADMIN UNIT	65198	IDAHO FALLS ID	22
PSD	43104	IDAHO FALLS ID	16
IBO	44623	IDAHO FALLS ID	10
BRANCH DENTAL CLINIC	44524	IDAHO FALLS ID	4

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	2400
B. FY1993 MET WORKLOAD (CTVs)	17880
C. FY1993 UNMET WORKLOAD (CTVs)	1780
D. TOTAL WORKLOAD (B+C)	19660
E. MET WORKLOAD PER CAPITA (B÷A)	7.5
F. UNMET WORKLOAD PER CAPITA (C÷A)	.74
G. WORKLOAD PER CAPITA (D÷A)	8.2

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	2400	0	0	0	0	0	0	0
A: TOTAL MET CTVs	13410	6705	0	0	0	0	0	0
B: TOTAL UNMET CTVs	1264	632	0	0	0	0	0	0
C: TOTAL WORKLOAD REQUIREMENT (A+B)	14674	7337	0	0	0	0	0	0
DENTISTS (MIL AND CIV)	1	1	0	0	0	0	0	0
PROPHY TECHNICIANS (MIL AND CIV)	1	2	0	0	0	0	0	0
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: BRANCH DENTAL CLINIC IDAHO FALLS IS CLOSING IN JULY 1995. THERE SHOULD BE ON NINE MONTHS OF PROJECTED WORKLOAD.

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/TRAILER	1440	12	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	12 Nov 93	UIC	44524
FACILITY	BRANCH DENTAL CLINIC 1573 N. SKYLINE DRIVE IDAHO FALLS, ID 83402		

PART I DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	24' X 60'	
2. DENTAL TREATMENT ROOM	3	10' X 11'	
3. STERILIZATION ROOM	N/A		SEE REMARKS PT. 1 #6
4. X-RAY EXPOSURE ROOM	1	8' X 10'	
5. DARKROOM	1	3' X 3'	A SMALL CUBICAL SPACE OFF X-RAY, DOES NOT HAVE A DOOR
6. PROSTHETIC LAB	1	7' X 12'	LIMITED PROSTHETIC CAPABILITIES. HALF OF ROOM USED FOR CSR
7. STOREROOM/SUPPLY	1	5' X 10'	TOO SMALL. SEE REMARKS PT. V.
8. CONFERENCE ROOM	N/A		
9. ADMINISTRATIVE OFFICE	1	10' X 11'	TOO SMALL DOUBLES AS RECORDS CONTROL OFFICE. SEE PT.1 #10
10. DENTAL OFFICER'S OFFICE	1	9' X 10'	CONTAINS OVERFLOW ADMINSTRATIVE EQUIPMENT & SUPPLIES

NAVMED 6750/4 (Rev. 5-91)

ENCLOSURE(6)

3. DENTAL OPERATING LIGHT	ADEC MODEL 6300	3	A-4
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ MODEL MC 202	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES MODEL L 66	1	A-5
6. STERILIZER	HARVEY, CHEMCLAVE 5000 CASTLE, AUTOCLAVE 1000R " " GLS1ØD	2 1 1	A-4, A-5 A-~~4~~5 A-~~4~~
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT	PORTABLE OXYGEN UNIT	1	A-4

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)

ENCLOSURE(6)

11. DENTAL REPAIR SHOP	N/A		
12. PATIENT WAITING AREA	1	10' X 14'	
13. RECORDS CONTROL OFFICE	1	10' X 11'	SEE REMARKS Pt. I #9
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)	1 1	6' X 10'	COMMON HEAD/LOCKER HEAD CANNOT BE CLOSED OFF BY ITSELF
17. TOILET FACILITY (FEMALE)	1	6 X 6	SHOWER HERE. PATIENT HEAD
18. OTHER MAJOR ROOMS Equipment room Copy room	1	7' X 7'	UTILITY/GEAR LOCKER TOO SMALL - HOUSES CENTRAL VACUUM SYSTEM AND COMPRESSOR

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC MODEL 4400	3	A-4
2. DENTAL OPERATING CHAIR	ADEC MODEL 1005	3	A-4
	RELIANCE (x-ray) MODEL 630	1	A-4

SECTION C - DENTAL X-RAY EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENERAL ELECTRIC 1000 MODEL 46-158800G2	1	A-5	24MAY93
2. MOBILE INTRA-ORAL	N/A			
3. PANORAMIC	N/A			
4. CEPHALOMETRIC	N/A			
5. FILM PROCESSOR	AIR TECHNIQUES PERI PRO II 9000DL AIR TECHNIQUES PERI PRO 9100	1 1	A-5 Backup Dailey	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 110			b. CYCLE: 60	
2. GAS:		NATURAL		COMMERCIAL	X	BOTTLE		ACETYLENE	

PART IV - REMARKS AND RECOMMENDATIONS

Part I. Item #7: Due to inadequate space, a 10'x12' storage shed is utilized for bulk storage.

Part II. Section C: All x-ray equipment meets Federal Performance Standards as set forth in NAVMEDCOMINST 6470 series

* NOTE * Branch Dental Clinic, Idaho Falls is housed in a 24' X 60' trailer.

**CURRENTLY HAVE 1 DTR THAT IS NOT USED FOR DENTAL TREATMENT, HOWEVER; IF THE EQUIPMENT WAS AVAILABLE IT COULD BE USED AS SUCH.

DATE	TYPED NAME AND GRADE	SIGNATURE
12 Nov 93	H. J. DE ANGELIS, CAPT, DC, USN	

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
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?

GEOGRAPHIC LOCATION IS 150 MILES FROM MILITARY INSTALLATION. NO HOUSING IS AVAILABLE ON INSTALLATION SO ALL MILITARY PERSONNEL LIVE IN AND AROUND IDAHO FALLS.

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

ALL TENANT AND SUPPORT ACTIVITIES ARE ALSO LOCATED IN AND AROUND IDAHO FALLS.

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

RAIL IS POCATELLO IDAHO - 48 MILES
MAJOR AIR IS SALT LAKE CITY, UTAH - 178 MILES
COMMUTER AIR IS AVAILABLE AT THE IDAHO FALLS AIRPORT
GROUND TRANSPORTATION (BUS) IS AVAILABLE IN IDAHO FALLS

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?

LESS THAN 30 MINUTES - AVERAGE 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?

NO. CLINIC IS IN A VERY SMALL TOWN WITH RURAL SETTING. NO MAJOR TOWNS OF ANY SIZE CLOSE.

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?

THIS IS THE ONLY MILITARY DENTAL TREATMENT FACILITY WITHIN 100 MILES. ALL DENTAL SERVICES WOULD REQUIRE TO BE CONTRACTED OUT TO CIVILIAN DENTISTS.

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

SERVICES WOULD BE CONTRACTED OUT. THE NEAREST MILITARY FACILITY WITH ACTIVE DUTY MILITARY DENTIST IS HILL AIR FORCE BASE IN OGDEN UTAH. THEIR CAPABILITY WOULD NOT ALLOW FOR ROUTINE CARE OF THE NAVY AND MARINE POPULATION FROM TIS AREA.

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

SUPPORT OF BUMED'S LSMP AND MPAS SYSTEM

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
U.S.NAVDENCEN GUAM	62328	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.

NONE

13. Quality of Life. **THIS IS AN ISOLATED BRANCH DENTAL CLINIC NOT LOCATED ON NEAR ANY MILITARY BASE. THERE IS NO MILITARY HOUSING OR MILITARY FAMILY SUPPORT FACILITIES IN THE CATCHMENT AREA. THIS SECTION HAS BEEN THEREFOR BEEN LEFT UNCOMPLETED. THE CLINIC IS SCHEDULED TO CLOSE IN JULY 1995.**

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." 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

HENRY J. DE ANGELIS	
NAME (Please type or print)	Signature
BRANCH DIRECTOR	18 MAY 94
Title	Date
BDC, IDAHO FALLS, ID	
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 IDAHO FALLS 44524
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

Document Separator

~~OCCSA~~ CSA
35753

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. Activity Type:

Official Name	Branch Dental Clinic Naval Surface Warfare Center Indian Head, MD
Acronym(s) used in correspondence	BRDENLINIC, Indian Head, MD BDC, Indian Head, MD
Commonly accepted short title	Indian Head

Complete Mailing Address: Branch Dental Clinic
Naval Surface Warfare Center
1600 West Wilson Road
Indian Head, MD 20640

Primary UIC: 35753

2. Plant Account Holder:

Yes___ No X

3. Tenant Command:

Yes X No____

Primary Host: Naval Surface Warfare Center
Indian Head Division
Indian Head, MD

UIC: 00174

4. Special Areas: N/A

5. Detachments: N/A

6. Brac Impact: None

7. **Current Missions**

- Provide a state of optimum oral health and ensure dental readiness of assigned active duty Navy and Marine Corps personnel, to enable them to accomplish their missions.

- Augment the military medical effort of the National Naval Medical Center, particulary during periods of armed conflict, mass casualty and other contigencies.

Encl (15)

35753 CDR

- Maximize quality of life and customer satisfaction within and without our command.

- Promote Wellness

- Ensure that all command personnel are trained, ready, and equipped to accomplish their mission.

- Support our Dental Corps Team and advance the profession of Dentistry through ongoing training, research and professional development.

Projected Missions for FY 2001

- Projected missions for FY 2001 will be essentially the same as the current command mission.

8. Unique Missions: N/A

9. Immediate Superior in Command (ISIC):

- **Operational Name:** National Naval Dental Center Bethesda, MD

- **UIC:** 0608A

10. Personnel Numbers:

On-Board Count as of 01 January 1994

	Officers	Enlisted	Civilian(Appropriated)
Reporting Command:	1	3	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian(Appropriated)
Reporting Command:	1	3	0

11. Key Points of Contact:

Title/Name	Office	Fax	Home
-Branch Director			
Thomas M. Hill, CDR	(301)743-4686	(301)753-9005	(301)753-8163

Encl (15)

35753

-Duty Officer

Thomas M. Hill, CDR, DC, USN

12. Tenant Activity List:

- Branch Dental Clinic, Indian Head has no tenants under its authority.

13. Regional Support:

Activity Name	Location	Support Function
NAVSCOLEOD STUDENTS	NAVSCOLEOD,INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
NAVSCOLEOD\62640	NAVSCOLEOD,INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
NAVSCOLEOD\42136	NAVSCOLEOD,INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
EODTECHCNTR	EODTECHCNTR, INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
NAVMEDCLINIC	NAVMEDCLINIC, INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
NAVSURFWARCENTR, INDIAN HEAD DIVISION,	NAVSURFWARCENTR, INDIAN HEAD DIVISION, INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
NAVSCOLEOD ARMY STUDENTS	NAVSCOLEOD, INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
NAVSCOLEOD ARMY STAFF	NAVSCOLEOD, INDIAN HEAD, MD	DENTAL SUPPORT SERVICES
FLTMAR TRAINDET NAVSCOLEODAIRFORCEPERS INDIANHEADPERSUPDET EODFLTLAISON FLTMARSTRAINDET SECRTYCORDTEAM CHESAPKE NAVFAC ED BRANCHDENTALCLINIC INDIANHEAD NAVEXCH	NAVSCOLEOD, INDIAN HEAD, MD	DENTAL SUPPORT SERVICES

14. Facility Maps: N/A

[redacted] GSN
35753

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

NAME (Please type or print)
T.M. HILL, CDR, DC, USN

Signature
[signature] 31 Jan 94

Title
BRANCH DIRECTOR

Date

Activity
BRANCH DENTAL CLINIC,
INDIAN HEAD, MD

Encl (15)

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

COMMANDING OFFICER
Title

07 Feb 94
Date

Activity Branch Dental Clinic
Indian Head, MD

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 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

16 FEB 1994
Date

Document Separator

438

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:BRDENCLINIC INDIAN HEAD
ACTIVITY UIC:35753

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

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

INDIAN HEAD

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	10919	10919	10919	10919	10919	10919	10919	10919	10919
UNMET	10026	9028	9224	9125	9125	9125	9125	9125	9125
TOTAL	20945	19947	20143	20044	20044	20044	20044	20044	20044

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

Please show all calculations and assumptions in the space below:

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	19947	20143	20044	20044	20044	20044	20044	20044
UNMET	0	0	0	0	0	0	0	0
TOTAL	19947	20143	20044	20044	20044	20044	20044	20044

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:

*** ASSUMPTIONS**

-THE TOTAL REMAINS THE SAME AS IN QUESTION #1 ON PREVIOUS PAGE BECAUSE THE PATIENT POPULATION IS THE SAME.
-THE MET CTV'S WILL GO UP FOR EVERY OPERATORY AVAILABLE FOR A PROVIDER THAT WAS NOT FULLY STAFFED.
-THE UNMET WILL GO DOWN AS MET GOES UP.

*** MATH MODEL**

-DETERMINE # OF ROOMS.
-DETERMINE CURRENT # OF PROVIDERS (DENTISTS & HYGIENISTS).
-DETERMINE MAX POSSIBLE # OF PROVIDERS (1 PER ROOM).
-DETERMINE AVERAGE # CTV'S PER CURRENT PROVIDER.
-MULTIPLY CURRENT CTV'S PER PROVIDER X ADDITIONAL POSSIBLE PROVIDERS.
-ADD ABOVE # TO MET CTV'S = NEW MET CTV'S.
-SUBTRACT INCREASED MET CTV'S FROM TOTAL CTV'S = NEW UNMET CTV'S.
-TOTAL REMAINS THE SAME.

*** 2 PROVIDERS REQUIRED.**

IH

INDIAN HEAD

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)	1	1	1	1	1	1	1	1	1
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."

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

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title

940602

Date

NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

Activity

BDC Indian Head

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 7-24-94

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 8/3/94

H38

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: INDIAN HEAD BRANCH DENTAL CLINIC
ACTIVITY UIC: N35753

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 a state of optimum oral health and ensure dental readiness is assigned active duty Navy and Marine Corps personnel, to enable them to accomplish their missions.

-Augment the military medical effort of the National Naval Medical Center, particulary during periods of armed conflict, mass casualty and other contigencies.

-Maximize quality of life and customer satisfaction within and without our command.

-Promote Wellness.

-Ensure that all command personnel are trained, ready, and equipped to accomplish their mission.

-Support our Dental Corps Team and advance the profession of Dentistry through ongoing training, research and professional development.

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)
NAV SCHOOL EOD	N42136	INDIAN HEAD	86
EOD SCHOOL STUDENTS	N30446	INDIAN HEAD	84
EOD TECH CENTER	N0464A	INDIAN HEAD	65
NAV ORDNANCE STATION	N00174	INDIAN HEAD	37
EOD SCHOOL	N62640	INDIAN HEAD	31
NAVAL MEDICAL CLINIC	N33329	INDIAN HEAD	24
COMPANY A HEND HALL	M54008	ARLEX HQMC	22
HQ BATT S4 HENDHALL	M54004	ARLEX HQMC	7
PERSONELL SUPP ACT	N42560	INDIAN HEAD	6
BRANCH DENTAL CLINIC	N35753	INDIAN HEAD	5
FMS TRAINING PRS DET	N45226	INDIAN HEAD	5
EOD FLEET LIAISON	N45184	INDIAN HEAD	4
NAVY EXCHANGE	N30354	INDIAN HEAD	1
SECURITY COORD TEAM	N46094	INDIAN HEAD	1
CHESAPEAKE NAVFAC ED	N44200	INDIAN HEAD	1

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

Indivisible

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	2501
B. FY1993 MET WORKLOAD (CTVs)	10919
C. FY1993 UNMET WORKLOAD (CTVs)	10026
D. TOTAL WORKLOAD (B+C)	20945
E. MET WORKLOAD PER CAPITA (B÷A)	4.36
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.00
G. WORKLOAD PER CAPITA (D÷A)	8.37

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	2252	2301	2276	2276	2276	2276	2276	2276
A: TOTAL MET CTVs	10919	10919	10919	10919	10919	10919	10919	10919
B: TOTAL UNMET CTVs	9028	9224	9125	9125	9125	9125	9125	9125
C: TOTAL WORKLOAD REQUIREMENT (A+B)	19947	20143	20044	20044	20044	20044	20044	20044
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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
SPECIALTY UPDATES (PERIO, ENDO PROS, ETC)	1	1	1	1	1	1	1	1
SPECIALTY ASSISTING	3	3	3	3	3	3	3	3
T.Q.L.	4	4	4	4	4	4	4	4
INFECTION CONTROL	4	4	4	4	4	4	4	4
SAFETY (PERSONAL, MSDS, FIRE, HAZMAT EYE, INFECTION)	4	4	4	4	4	4	4	4
MEPERS, DIRS, DENTAL RECORDS	4	4	4	4	4	4	4	4
CPR/BLS	4	4	4	4	4	4	4	4
DENTAL MATERIAL UPDATES	1	1	1	1	1	1	1	1
SEXUAL HARRASSMENT	4	4	4	4	4	4	4	4

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]
	SEE ATTACHED COPY			

[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	10 January 1994	UIC	35753
FACILITY	Branch Dental Clinic, Indian Head, MD		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	Bldg 1600 629 Sqft	
2. DENTAL TREATMENT ROOM	3	8'x10'	
3. STERILIZATION ROOM			
4. X-RAY EXPOSURE ROOM	1	8'x10'	
5. DARKROOM	1	6'x10'	
6. PROSTHETIC LAB	1	6'x10'	
7. STOREROOM/ SUPPLY ROOM	1	5'x5'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	8'x8'	
10. DENTAL OFFICER'S OFFICE	1	10'x10'	

NAVMED 6750/4 (Rev. 5/91)

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA			Uses Medicals
13. RECORDS CONTROL OFFICE			Combined with Admin Office
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			Uses Medical
17. TOILET FACILITY (FEMALE)			Uses Medical
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 2040	3	A-4
2. DENTAL OPERATING CHAIR	Adec 1005	3	A-4

3. DENTAL OPERATING LIGHT	Adec 6300	3	A-4
4. CENTRAL VACUUM SYSTEM	Dentsply MVS	1	A-5
5. AIR COMPRESSOR DEHYDRATOR			
6. STERILIZER	P&C Validator 10 Spectroline 750	1 1	A-4 A-5
7. LIFE SUPPORT EQUIPMENT	Emergency Aspirator Oxygen Tank	1 1	A-4 A-4
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	Whemer model trimmer	1	A-4

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 GX 1000	1	A-4	910508
2. MOBILE INTRA-ORAL				
3. PANORAMIC	Gendex GX-Pan	1	A-4	910508
4. CEPHALOMETRIC				
5. FILM PROCESSOR	Air Tech AT2000 Air Tech Peripro	1 1	A-4 A-5	

PART III - UTILITIES

1. ELECTRIC CURRENT:	AC	X	DC		a. VOLTAGE: 110/220		b. CYCLE: 60	
2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

DATE	TYPED NAME AND GRADE	SIGNATURE
10 January 1994		

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.

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? NONE

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 active duty population would seek emergency treatment or routine dental care at neighboring bases or Commanding Officer NNDC would provide a mobile dental team quarterly at the site.

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: N/A

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. N/A

13. Quality of Life.

a. Military Housing

(1) Family Housing: N/A

(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: N/A

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: N/A

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. N/A

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. N/A

	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)? N/A

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

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? N/A

(2) BEQ: N/A

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

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? N/A

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

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

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

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? N/A

(3) BOQ: N/A

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

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? N/A

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

AOB = (# 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. N/A

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? N/A

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. N/A

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?
N/A

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. N/A

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: N/A

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. N/A

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

(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). N/A

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

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)
ANNAPOLIS, MD	76
BALTIMORE, MD	65
WASHINGTON, DC	30

f. Standard Rate VHA Data for Cost of Living: N/A

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. N/A

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? N/A

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? N/A

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. N/A

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. N/A

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

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. N/A

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: N/A

(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. N/A

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. N/A

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. N/A

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. N/A

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. NONE

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/A

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. N/A

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			

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

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

J. J. Shanley
Signature

COMMANDING OFFICER
Title

940602
Date

NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

Activity
BDL Indian Head

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 7-24-94

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 8/11/94

H27

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, INDIAN HEAD
UIC:	35753
Host Activity Name (if response is for a tenant activity):	NAVAL ORDNANCE STATION, INDIAN HEAD
Host Activity UIC:	00174

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.**

N/A

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, INDIAN HEAD		**UIC:** 35753	
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.			
2. Other Base Operating Support Costs:			
2a. Utilities			
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) *			
2k. Sub-total 2a. through 2j:			
3. Grand Total (sum of 1c. and 2k.):			

*

DATA CALL 66
INSTALLATION RESOURCES

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

Appropriation	Amount ($000)
N/A	

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

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

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INSTALLATION RESOURCES

N/A

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

Activity Name: BRANCH DENTAL CLINIC, INDIAN HEAD	UIC: 35753

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, INDIAN HEAD	**UIC:** 35753
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	1
Material and Supplies (including equipment):	6
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	3
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.

N/A

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC, INDIAN HEAD	**UIC:** 35753
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

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)**:

N/A

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

N/A

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

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: 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: W A Earner

Title — Date: 8/25/94

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

D.D. WOOFTER, CAPT, DC, USN
NAME (Please type or print)

Dennis D. Woofter
Signature

COMMANDING OFFICER ACTING
Title

7/14/94
Date

NATIONAL NAVAL DENTAL CENTER
Activity

Document Separator

ACTIVITY: 48868

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, Ingleside, TX*
Acronym(s) used in correspondence	BDC - Branch Dental Clinic DEN - Dental BR - Branch CL - Clinic
Commonly accepted short title(s)	BRDENCLINIC BRDENCL

- Complete Mailing Address

327 Coral Sea Suite 149 BLdg 109
Ingleside, TX 78362-5026

- PLAD
BRDENCLINIC INGLESIDE TX

- PRIMARY UIC: 48868 (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 (6)

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: 68891

· 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 X No ____ (check one)

Contractor: Dental Power, Newport News, VA - 1 hygienist

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.

BRAC 93: Due to closing of NAVSTA Charleston, NAVSTA Ingleside will become Fleet Mine Warfare Center with the consolidation of both LANT and PAC Mine Warfare assets and training at Ingleside. 14 MCMs, 10 MHCs and shore support elements. Total military population 2388.

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 readiness support to three FFTs, 12 MCMs and shore support commands with total military population of 2234.
- USS Inchon will be homeported at NAVSTA Ingleside without dental support, increasing military beneficiary population to 3200.
- Facilitate utilization of Delta Dental Plan.
- Conduct training to ensure operational dental readiness.
-
-

Projected Missions for FY 2001

- Same as above.
-
-
-
-

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

- Need to establish Fleet Mine Warfare Force Dental Officer after Mine Warfare consolidation process complete, possibly FY97.
-
-

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

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
• Reporting Command	3	7	0 Appropriated 1 *
• Tenants (total)			

* - Contract Hygienist

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
• Reporting Command	3	8	0 Appropriated 1 *
• Tenants (total)			

* - Contract Hygienist

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
•			

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.)
Del Mar College	*Corpus Christi, TX*	*MOU with dental assisting school to facilitate practical training.*

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: 48868

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	G. B. Grantham
NAME (Please type or print)	Signature
Commanding Officer	4 Feb 94
Title	Date
Naval Dental Center, Pensacola, FL	
Activity	

ACTIVITY: 48868

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) Signature

10 FEB 1994

ACTING CHIEF BUMED

Title Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print) Signature

ACTING

Title Date 16 FEB 94

Document Separator

439

CAPACITY ANALYSIS: #38
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BR DEN CLINIC, INGLESIDE
ACTIVITY UIC: 48868

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

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

ENCLOSURE (5)

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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	24,981	36,753	45,432	45,432	45,432	45,432	45,432	45,432	45,432
UNMET	7,973	7,973	0	2,257	2,795	2,795	2,795	2,795	2,795
TOTAL	32,954	44,726	45,432	47,689	48,227	48,227	48,227	48,227	48,227

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**

BDC Ingleside Data Call #28

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,003	2,683	3,644	3,779	3,779	3,779	3,779	3,779
A: Total MET CTVs	36,753	45,432	45,432	45,432	45,432	45,432	45,432	45,432
B: Total UNMET CTVs	7,973	0	2,257	2,795	2,795	2,795	2,795	2,795
C: Total Workload requirements (A+B)	44,726	45,432	47,689	48,227	48,227	48,227	48,227	48,227
Dentists (military and Civilian)	2	3	3	3	3	3	3	3
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

RAPS population data not available. Above populations are projected base loading for NAVSTA Ingleside obtained from PSD Ingleside.
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 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.

FY-1995-2001

	Numbers		CTV	Months	CTVs Year	Provider CTVs
DO	3		1,021	12	36,756	12,252
HYG	0		0	12	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		302	12	3,624	0
Total CTVs					45,432	

Civilian Hygienist Contract will not be renewed for FY-1995 on.
Projected Prophy Technicians CTVs based on command wide average of all Prophy Technicians for months of February, March, and April 1994.
One Dental Officer Billet gained FY-1995 on.

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	52,428	52,428	52,428	52,428	52,428	52,428	52,428	52,428
UNMET	0	0	0	0	0	0	0	0
TOTAL	52,428	52,428	52,428	52,428	52,428	52,428	52,428	52,428

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 NAVSTA Ingleside 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	52,428	52,428	52,428	52,428	52,428	52,428	52,428	52,428
UNMET	0	0	0	0	0	0	0	0
Total	52,428	52,428	52,428	52,428	52,428	52,428	52,428	52,428

Given physical plant is the only constraint.
RAPS population data unavailable for this clinic.

This clinic has 4 usable Dental Treatment Rooms (DTRs). Following assumptions are based on number of usable DTRs.

Assumptions:

1. **4 DTRs could be ideally staffed with 3 Dental Officers (DOs) and 1 Hygienist (HYG).**
2. **Above workload figures are based on staffing increase from 2 to 3 DO's and 1 HYG to 1 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	3		1021	12	36,756
HYG	1		1004	12	12,048
Prophy	0		0	12	0
X-Ray	0		302	12	3,624
Total CTVs					52,428

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 average CTVs same as reported in Data Call #29.

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	2	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

SAME AS PROJECTED STAFFING IN DATA CALL #29

Q

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

G. B. Grantham
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 BDC Ingleside, TX

ENCLOSURE (5)

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 July 15, 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 _____

Title _____ Date 7/30/94

439

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, INGLESIDE
ACTIVITY UIC: 48868

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

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

ENCLOSURE (5

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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.

- **Aid, complement, and sustain Independent Duty Corpsman (IDC) in providing comprehensive dental care for the FFT's, MCM's, and MHC's homeported at Naval Station, Ingleside, Texas.**

- **Principle provider of dental care Naval Station, Ingleside and tenant commands including emergency care for all eligible beneficiaries.**

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SIMA NRMF	47316	NAVSTA INGLESIDE	270
USS JOSEPH HEWES	20049	NAVSTA INGLESIDE	234
USS TRUETT FFT 1095	20073	NAVSTA INGLESIDE	234
USS AVENGER MCM-1	21314	NAVSTA INGLESIDE	83
USS DEFENDER MCM-2	21403	NAVSTA INGLESIDE	83
USS SENTRY MCM-3	21404	NAVSTA INGLESIDE	83
USS CHAMPION MCM-4	21405	NAVSTA INGLESIDE	83
USS GUARDIAN MCM-5	21406	NAVSTA INGLESIDE	83
USS DEVASTATOR MCM6	21427	NAVSTA INGLESIDE	83
USS PATROIT MCM-7	21453	NAVSTA INGLESIDE	83
USS SCOUT MCM-8	21455	NAVSTA INGLESIDE	83
USS PIONEER MCM-9	21456	NAVSTA INGLESIDE	83
USS WARRIOR MCM-10	21457	NAVSTA INGLESIDE	83
USS GLADIATOR MCM11	21454	NAVSTA INGLESIDE	83
USS ARDENT MCM-12	21900	NAVSTA INGLESIDE	83
COMCMGRU 3	55645	NAVSTA INGLESIDE	70
NAVAL STATION	68891	NAVSTA INGLESIDE	59
BR MEDICAL CLINIC	47432	NAVSTA INGLESIDE	35
COMCMGRU 1	55540	NAVSTA INGLESIDE	17

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMCMGRU 2	55554	NAVSTA INGLESIDE	17
PERSUPPDET	49331	NAVSTA INGLESIDE	13
BR DENTAL CLINIC	48868	NAVSTA INGLESIDE	10
COMNAVSURFGRU 6 DET	49078	NAVSTA INGLESIDE	10
ENGTRAGRU DET	49394	NAVSTA INGLESIDE	9
FLTTRAGRU DET	48563	NAVSTA INGLESIDE	7
FSC	48665	NAVSTA INGLESIDE	5
COMINEGRU CSRAT	43070	NAVSTA INGLESIDE	4
NAVSURFLANT READSUP	55610	NAVSTA INGLESIDE	4
RESSUPSHIP DET	68958	NAVSTA INGLESIDE	4
NLSO DET	49748	NAVSTA INGLESIDE	4
SOUTH DIV/ROICC	47089	NAVSTA INGLESIDE	2
FISC DET	47903	NAVSTA INGLESIDE	1

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	**2,003**
B. FY1993 MET WORKLOAD (CTVs)	**24,981**
C. FY1993 UNMET WORKLOAD (CTVs)	**7,973**
D. TOTAL WORKLOAD (B+C)	**32,954**
E. MET WORKLOAD PER CAPITA (B÷A)	**12.47**
F. UNMET WORKLOAD PER CAPITA (C÷A)	**3.98**
G. WORKLOAD PER CAPITA (D÷A)	**16.45**

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.**

- **<u>See attached sheet for notes and calculations</u>.**

BDC Ingleside Data Call #29

Actual Population	2,003	
RAPS	0	Not Available
FY-1993-Total MET CTVs	24,981	

EFFICIENCY REVIEW METHODOLOGY

Class Requirements

Class	# of Patients	% of Patients
I	461	23%
II	1,222	61%
III	200	10%
IV	120	6%
Total	2,003	100%

ER Multiple

Class	# of Patients	CTV Multi	Result
II	1,222	4.55	5,560
III	200	9.20	1,840
IV	120	4.77	572
Total	1,542	UNMET	7,973

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	2,003
B.	FY1993 MET WORKLOAD (CTVs)	24,981
C.	FY1993 UNMET WORKLOAD (CTVs)	7,973
D	TOTAL WORKLOAD (B+C)	32,954
E.	MET WORKLOAD PER CAPITA (B/A)	12.47
F.	UNMET WORKLOAD PER CAPITA (C/A)	3.98
G.	WORKLOAD PER CAPITA (D/A)	16.45

X-Ray CTVs are included in FY-1993 MET workload.
New Clinic established December 1992. MET Workload shown above represents 9.5 months of productivity for FY-1993.

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	**2,003**	**2,683**	**3,644**	**3,779**	**3,799**	**3,779**	**3,779**	**3,779**
A: TOTAL MET CTVs	**36,753**	**45,432**	**45,432**	**45,432**	**45,432**	**45.432**	**45,432**	**45,432**
B: TOTAL UNMET CTVs	**7,973**	**0**	**2,257**	**2,795**	**2,795**	**2,795**	**2,795**	**2,795**
C: TOTAL WORKLOAD REQUIREMENT (A+B)	**44,726**	**45,432**	**47,689**	**48,227**	**48,227**	**48,227**	**48,227**	**48,227**
DENTISTS (MIL AND CIV)	**2**	**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**

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 Ingleside Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,003	2,683	3,644	3,779	3,779	3,779	3,779	3,779
A: Total MET CTVs	36,753	45,432	45,432	45,432	45,432	45,432	45,432	45,432
B: Total UNMET CTVs	7,973	0	2,257	2,795	2,795	2,795	2,795	2,795
C: Total Workload requirements (A+B)	44,726	45,432	47,689	48,227	48,227	48,227	48,227	48,227
Dentists (military and Civilian)	2	3	3	3	3	3	3	3
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

RAPS population data not available. Above populations are projected base loading for NAVSTA Ingleside obtained from PSD Ingleside.
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 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.

FY-1995-2001

	Numbers		CTV	Months	CTVs Year	Provider CTVs
DO	3		1,021	12	36,756	12,252
HYG	0		0	12	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		302	12	3,624	0
Total CTVs					45,432	

Civilian Hygienist Contract will not be renewed for FY-1995 on.
Projected Prophy Technicians CTVs based on command wide average of all Prophy Technicians for months of February, March, and April 1994.
One Dental Officer Billet gained FY-1995 on.

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.								

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FACILITIES

- **Not applicable, building is owned by Nav Sta, Ingleside, TX**

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 NAVSTA, Ingleside**

- **Not applicable, building is owned by NAVSTA, Ingleside**

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

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 NAVSTA, Ingleside**

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?

- **<u>Outstanding location:</u> Co-located with FFT, MCM, and MHC Fleet, NAVSTA and tenant commands.**

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?

- **Five (5) minutes...collocated with client/customers**

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?

- **Isolation and distance from major recruiting area (1 hr) Corpus Christi.**

2

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 UNIQUE CAPABILITIES. ALL GENERAL DENTISTRY WOULD HAVE TO BE PICKED UP BY DENTAL FACILITIES IN THE SURROUNDING AREA., I.E. BDC KINGSVILLE AND BDC CORPUS CHRISTI.

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

- **Dental care would have to be provided by:**

    1. **NAS, BDC, Corpus Christi..60 miles / 1 hour**

    2. **NAS, BDC, Kingsville..60 miles / 1 hr**

    3. **Lakeland Air Force Base, San Antonio..180 miles / 3 hrs**
       Fort Sam Houston, San Antonio..180 miles / 3 hrs.

29

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
1st Marine Brigade		**Officer - 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.

1. Dental officer = 1021 CTV's/month

2. No enlisted assigned

Calculation:

1 dental officer X 1021 = <u>1021</u> CTV's lost/month

13. Quality of Life.

- **This segment answered by Host Activity, Naval Station, Ingleside (UIC 68991) in BRAC Data Call # 37**

29

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 Ingleside, TX

ENCLOSURE (5)

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

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)

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 July 15, 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 _____

Title _____ Date 5/13/94

4|37

DATA CALL 66
INSTALLATION RESOURCES

Activity Name:	**Branch Dental Clinic, Ingleside, Texas**
UIC:	**48868**
Host Activity Name:	**Naval Station, Ingleside, Texas**
Host Activity UIC:	**68891**

1. VR Bumed 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Dental Clinic, Ingleside, Texas		UIC:	48868
	FY-96 BOS COSTS ($000)		
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1b. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	12		12
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	1		1
2j. Other (specify) Communication	5		5
2k. Sub-total 2a. through 2j.	18		18
3. Grand Total (sum of 1c. and 2k).:	18		18

Table 1B N/A VR Burned 824

2. VR Burned 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic, Ingleside, Texas	UIC: 48868
Cost Category	FY-1996 Projected Costs ($000)
Travel:	6
Material and Supplies (including equipment):	11
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	51
Total:	68

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, Ingleside, Texas	UIC: 48868
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 Burned 824 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 Burned 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 INGLESIDE	UIC: 48868
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	1.0
Procurement:	N/A
Other:*	N/A
Total Workyears:	1.0

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

ϕ3R VR Bumed 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)):

Naval Dental Clinic Ingleside would transfer 1.0 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

1 4R Burnes 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 8-2-94

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

Document Separator

440 Mil Val 29

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: 21st Dental Company
ACTIVITY UIC: 67339

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

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

This is a deployable non claimancy 18 staff - Did not consider this act. any Dental Analysis.

ENCLOSURE (14)

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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.

The mission of the 21st Dental Company is to maximize dental readiness with an aggressive dental recall program, to support unit deployment program (UDP) units to receive higher priority for treatment.

Also to maximize combat readiness (Dental/Medical roles) with participation in field exercises and training in NBC, 9mm qualification, 1st MEB and BSSG-1 PME and company level training in medical contingency roles.

21st Dental also maintains its own Authorized Dental Allowance List readiness and they are presently mission capable.

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)
1st MEB	67339	MCBH Kaneohe	7581
Marine Corps Base Hawaii	00318	MCBH Kaneohe	706
1st Radio Bn	21580	MCBH Kaneohe	588
H & HS	02310	MCBH Kaneohe	583
SOMS	02303	MCBH Kaneohe	244
MFPAC Band	02301	MCBH Kaneohe	46
Bellows AFS	N/A	Waimanalo, HI	27
Omega CG Station	40301	Kaneohe Bay, HI	20

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	9086
B. FY1993 MET WORKLOAD (CTVs)	129107
C. FY1993 UNMET WORKLOAD (CTVs)	43869
D. TOTAL WORKLOAD (B+C)	173169
E. MET WORKLOAD PER CAPITA (B÷A)	14.21
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.83
G. WORKLOAD PER CAPITA (D÷A)	19.06

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

Maximum capacity for CTVs: _____

Explanation: Staffing level restrains CTV's, especially Dental Technicians

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	8131	8209	8181	7737	7737	7737	7737	7737
A: TOTAL MET CTVs	115556	116649	116252	109943	109943	109943	109943	109943
B. TOTAL UNMET CTVs	39440	39815	39678	37524	37524	37524	37524	37524
C: TOTAL WORKLOAD REQUIREMENT (A+B)	154996	156464	155930	147467	147467	147467	147467	147467
DENTISTS (MIL AND CIV)	14	14	14	14	14	14	14	14
PROPHY TECHNICIANS (MIL AND CIV)	3	3	3	3	3	3	3	3
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

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

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
Inservice Training	40	40	40	40	40	40	40	40
Operational Training	40	40	40	40	40	40	40	40

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?

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.

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?

Sole Windward Oahu facility

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

Honolulu, 15 miles

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

Strategic question, beyond Dental Company expertise

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

Within 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?

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?

No emergency dental care on Windward Oahu.

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.

Nearest remaining federal facility - Pearl Harbor approximately 45 - 60 minutes away (one-way)

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
1st MEB		40

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.

None. We use operational training to provide workload in the field.

13. Quality of Life. Data submitted by Marine Corps Base Hawaii, Data Call #39, UIC 00318

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

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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

Robert K. Flath	R.K Flath
NAME (Please type or print)	Signature
Commanding Officer	25 May 94
Title	Date
21st Dental Company	
Activity	

BRAC #29

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. Flanagan,
NAME (Please type or print)

Signature

Chief of Staff (Acting)
Title

14 Jun 94
Date

1st MEB
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

6-21-94
Date

BUMED
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

8 13 94

440

DEPARTMENT OF THE NAVY
NAVAL DENTAL CENTER
BOX 111
PEARL HARBOR, HAWAII 96860-5030

11000
01/42113
06 Jul 94

From: Commanding Officer, Naval Dental Center, Pearl Harbor,
To: Chief, Bureau of Medicine and Surgery (MED-82), 2300 E Street NW, Washington, DC 20372-5300

Subj: BRAC-95 DATA CALL # 1 (AMENDMENT # 1)

Ref: (a) Your fax 1100 Ser 82/4U787181 dtd 15 Jun 94
(b) Phonecon between LCDR Poblete, NDC PH and CAPT Flath, 21stDENCO of 01 Jul 94

Encl: (1) Data Call 1 ICO Branch Dental Clinic Barking Sands
(2) Data Call 1 ICO Branch Dental Clinic Camp Smith
(3) Data Call 1 ICO Branch Dental Clinic Ford Island
(4) Data Call 1 ICO Branch Dental Clinic West Loch

1. In response to reference (a), enclosures (1) through (4) are submitted.

2. As discussed in reference (b), data submission for Branch Dental Clinic, Kaneohe (UIC: 41788) was previously submitted under separate cover through the US Marine Corps chain-of-command. Also known as 21st Dental Company, BSSG-1, 1st MEB, FMF, the Branch Dental Clinic, Kaneohe is under operational control of Commanding General, 1st Marine Expeditionary Brigade, FMF. The Company Commander is CAPT R. K. Flath, DC, USN, at DSN 257-5089, or COMM (808) 257-5089.

3. Organizational relationships do not exist between NDC Pearl Harbor and 21st Dental Company, other than NDC Pearl holding the FMF Expense Operating Budget authority as passed by BUMED. It is therefore requested that future data calls for Branch Dental Clinic, Kaneohe be requested through the Headquarters, US Marine Corps claimancy.

4. NDC Pearl Harbor point of contact is LCDR R. Poblete at DSN 430-0111 ext. 474-4400 or COMM (808) 471-1849.

R W Hinman
R. W. HINMAN

Copy to:
CO 21stDENCO

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: July 15, 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

Title — Date: 7/30/94

DATA CALL 66
INSTALLATION RESOURCES

4110

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC KANEOHE BAY
UIC:	41766
Host Activity Name (if response is for a tenant activity):	MARINE CORPS AIR STATION, KANEOHE BAY, HI
Host Activity UIC:	00318

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 KANEOHE BAY		**UIC:** 41766	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	*	0	*
1b. Minor Construction	*	0	*
1c. Sub-total 1a. and 1b.	*	0	*
2. Other Base Operating Support Costs:			
2a. Utilities	*	0	*
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:	*	0	*
3. Grand Total (sum of 1c. and 2k.):	*	0	*

All BOS costs are paid for by Naval Branch Medical Clinic Kaneohe Bay. Information is provided under Branch Medical Clinic UIC:32612 data call submission.

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: BDC KANEOHE BAY		**UIC:** 41766	
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 KANEOHE BAY	**UIC:** 41766
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	N/A
Material and Supplies (including equipment):	90
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	20
Total:	110

TRAVEL COSTS are paid for by 3rd Dental Battalion, 3rd FSSG, MARFORPAC and should be provided under UIC:67436 data call submission.

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 KANEOHE BAY	**UIC:** 41766
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 are paid for by Naval Branch Medical Clinic Kaneohe Bay and as such information is provided under Branch Medical Clinic UIC:32612 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.)
.5	DENTAL HYGIENIST

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

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

ENCLOSURE(3)

1/40

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
11000
MED-63/4U787207
28 July 1994

From: Chief, Bureau of Medicine and Surgery
To: Base Structure Analysis Team

Subj: DENTAL CLINIC AT KANEOHE BAY, HI

Ref: (a) Phoncon between Mr. G. Atkinson (MED-825) and CDR C. DiLorenzo (BSAT)
(b) Phoncon between Mr. G. Atkinson (MED-825) and CAPT R. Melendez (MED-06B)

1. In response to reference (a), the following clarification is provided regarding the dental clinic at Kaneohe Bay, HI.

a. Branch Dental Clinic, Kaneohe Bay is staffed by the 21st Dental Company, 3rd Dental Battalion, 3rd Force Service Support Group. Although these billets are filled by Navy Dental Corps officers, they do not belong to Naval Dental Center, Pearl Harbor or Claimancy 18 (BUMED). BUMED only provides oversight and funding for the equipment and consumable supplies, reference (b).

b. Direct oversight for the 21st Dental Company is provided by the 3rd Dental Battalion located in Okinawa, Japan. Naval Dental Center Pearl Harbor only provides equipment and funding for "in-garrison" dental care provided by the dental company while physically located at Kaneohe, HI. All other costs are the responsibility of the Marine Corps.

2. My point of contact regarding this issue is Captain R. C. Melendez, DC, USN. He may be reached at DSN 294-1250 or (202) 653-1250.

D. E. Morton

D. E. MORTON
Assistant Chief for
Plans, Analysis, and Evaluation
Acting

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 7-28-94

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)

J. B. GREENE, JR.

NAME (Please type or print) | Signature

ACTING

Title | Date 17 AUG 1994

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, Kansas City, Mo*
Acronym(s) used in correspondence	*BDC Kansas City*
Commonly accepted short title(s)	*N/A*

- Complete Mailing Address Director, Branch Dental Clinic
  Marine Corps Support Activity
  1500 E. 95th St
  Kansas City, MO 64197-0001

- PLAD BRDENCLINIC KANSAS CITY MO

- 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): 41772 PURPOSE: Billet
  _____ _____
  _____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No x ____ (check one)

Encl (7)

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: 62213

• Primary Host (as of 01 Oct 1995) UIC: 62213

• Primary Host (as of 01 Oct 2001) UIC: 62213

• 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.

No impact.

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

Current Missions

- Provide comprehensive dental care to the active duty population in the greater Kansas City area. Branch Dental Clinic, Kansas City maintains approximately 700 dental records from 12 different commands.
-
-
-
-
-

Projected Missions for FY 2001

- Same as above.
-
-
-
-

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

- Branch Dental Clinic, Kansas City is the only DOD dental treatment facility in the greater Kansas City area.
-
-

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, 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	1	3	N/A 1*
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	1	3	N/A 1*
• 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	(816) 926-7763	(N/A)	[N/A]
• Branch Director B. A. RANNIN	(816) 926-7763	(816) 926-1694	(913) 381-6385
• 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.)

Marine Corps Support Activity 36000	*Kansas City, MO*	*Dental Care*
Marine Corps Reserve Support Center 36005	*Overland PK, Kansas City, MO*	*Dental Care*
Headquarters, 9th MCD 85001	*Shawnee, Kansas City, MO*	*Dental Care*
Navy Recruiting District 62440	*Kansas City, MO*	*Dental Care*
Marine Corps Recruiting Station 44734	*Kansas City, MO*	*Dental Care*
24th Marines 85217	*Kansas City, MO*	*Dental Care*
Naval Reserve Readiness Center, K.C.	*Kansas City, MO*	*Dental Care*
Naval Air Reserve Center 30924	*Kansas City, MO*	*Dental Care*
Kansas City MEPS 00L75	*Kansas City, MO*	*Dental Care*
WIUW U 114 80015	*Kansas City, MO*	*Dental Care*
Navy ROTC 63222	*Lawrence, Kansas City, MO*	*Dental Care*
Branch Medical Clinic 47522	*Kansas City, MO*	*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."

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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

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	

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_____ Signature _____
NAME (Please type or print)

SURGEON GENERAL/CHIEF BUMED____ 2-8-94 Date _____
Title

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 _____ Signature _____
NAME (Please type or print)

ACTING _____ 16 FEB 1994
Title Date

Document Separator

4-41

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC MCSA KANSAS CITY MO
ACTIVITY UIC: 41772

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

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MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	15509	15509	15509	15509	15509	15509	15509	15509	15509
UNMET	1800	1859	1859	1859	1859	1859	1859	1859	1859
TOTAL	17309	17368	17368	17368	17368	17368	17368	17368	17368

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 TIMES 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	15509	15509	15509	15509	15509	15509	15509	15509
UNMET	1859	1859	1859	1859	1859	1859	1859	1859
TOTAL	17368	17368	17368	17368	17368	17368	17368	17368

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 TIMES POPULATION
THEN TIMES CLASS FORMULA FOR CTV'S
THIS WILL GIVE YOU UNMET CTV'S

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)	0	0	0	0	0	0	0	0	0
~~DENTAL TECHNICIANS (MIL AND CIV)~~	~~3~~	~~3~~	~~3~~	~~3~~	~~3~~	~~3~~	~~3~~	~~3~~	~~3~~
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1

940623
MGD63

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

BRUCE A. RANNIN
NAME (Please type or print)

Bruce Rannin
Signature

BRANCH DIRECTOR
Title

31 May 1994
Date

BRANCH DENTAL CLINIC, KANSAS CITY, MO.
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

441

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:BRDENCLINIC MCAS KANSAS CITY MO
ACTIVITY UIC:41772

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 Navy and Marine Corps active and reserve personnel.

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)
MCSA	36000	KANSAS CITY,MO	223
MCRSC	36005	OVERLAND PK,KS	171
HQ,9TH,MC,DIST	85001	SHAWNEE, KS	45
NAVCRUITDIST	62440	KANSAS CITY,MO	42
MARINE CORPS RECRUIT STATION	44734	KANSAS CITY,MO	45
24TH MARINES	85217	KANSAS CITY,MO	37
NAVREDRESCEN	62054	KANSAS CITY,MO	32
NAVRESREDCOM 18	68332	INDUSTRIAL AIRPORT, KS	28
NROTC	63222	LAWRENCE KANSAS CITY,MO	27
NAVAIRESCEN	N30924	INDUSTRIAL AIRPORT, KS	17
MEPS	00L75	KANSAS CITY,MO	7
BRMEDCLINIC	47522	KANSAS CITY,MO	3

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	681
B. FY1993 MET WORKLOAD (CTVs)	15509
C. FY1993 UNMET WORKLOAD (CTVs)	1800
D. TOTAL WORKLOAD (B+C)	17309
E. MET WORKLOAD PER CAPITA (B÷A)	22.77
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.64
G. WORKLOAD PER CAPITA (D÷A)	25.41

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

Maximum capacity for CTVs: **17309**

Explanation: **Due to Marine Corps units and recruiters not available a large percentage of time to complete treatment.**

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	699	699	699	699	699	699	699	699
A: TOTAL MET CTVs	15509	15509	15509	15509	15509	15509	15509	15509
B: TOTAL UNMET CTVs	1859	1859	1859	1859	1859	1859	1859	1859
C: TOTAL WORKLOAD REQUIREMENT (A+B)	17368	17368	17368	17368	17368	17368	17368	17368
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
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

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
See below								

No training programs onboard.

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]
41772	MCFC, PT CARE	900	50	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
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.

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.

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.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 January 1994	UIC	41772
FACILITY	Naval Dental Clinic Marine Corps Finance Center Kansas City, MO		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	900 sqft	
2. DENTAL TREATMENT ROOM	2	12.5′ x 9′	
3. STERILIZATION ROOM			
4. X-RAY EXPOSURE ROOM			DTR 2 USED AS XRAY ROOM
5. DARKROOM			
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1	15′ x 10′	SHARED WITH MEDICAL
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE			COMBINED WITH RECORDS CONTROL OFFICE
10. DENTAL OFFICER'S OFFICE	1	10′ x 7′	

NAVMED 6750/4 (Rev. 5/91)

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	15′ x 15′	SHARED WITH MEDICAL
13. RECORDS CONTROL OFFICE	1	18′ x 7′	
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			USES GENERAL SERVICES BLDG. TOILETS.
17. TOILET FACILITY (FEMALE)			
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 2080	2	A-5 (2)
2. DENTAL OPERATING CHAIR	ADEC 1005	2	A-5 (2)

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3. DENTAL OPERATING LIGHT	PELTON CRANE LFII	2	A-5 (2)
4. CENTRAL VACUUM SYSTEM	DENTSPLY MVS DEN-6	1	A-4 (1)
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES V-6-T	1	A-4
6. STERILIZER			
7. LIFE SUPPORT EQUIPMENT			
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	GENDEX 1000	1	A-4	27 FEB 92
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUES AT-2000	1	A-5	
	AIR TECHNIQUES PERI-PRO	1	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

THE XRAY MACHINE WAS MANUFACTURED AFTER AUGUST 1974 AND COMPLIES WITH FEDERAL PERFORMANCE STANDARDS.

DATE	TYPED NAME AND GRADE	SIGNATURE
03 JAN 94	M. T. BARCO, CAPT, DC, USN	

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? **Conveniently located near our major commands.**

b. What are the nearest air, rail, sea, and ground transportation nodes? **Air - Richards Gebauer AFB; SEA - Great Lakes; Ground - Kansas City, MO**

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

d. On the average, how long does it take your client/customers to reach your facility? **5 minutes for in-house, 20 minutes other commands.**

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? **This is the only DoD Dental Treatment Facility in the Kansas City area.**

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.

Answer: Non-federal delivery of dental care or patients would have to travel over an hour to the nearest DoD DTF.

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
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.

N/A

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			

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

BRUCE A. RANNIN
NAME (Please type or print)

Bruce Rannin
Signature

BRANCH DIRECTOR
Title

31 May 94
Date

BRANCH DENTAL CLINIC, KANSAS CITY, MO.
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)

x
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

441

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, MCAS, KANSAS CITY
UIC:	41772
Host Activity Name (if response is for a tenant activity):	~~NAVAL DENTAL CENTER BLDG 73 GREAT LAKES, IL 60088-5258~~ MARINE CORPS FINANCE CENTER KANSAS CITY, MO 64197
Host Activity UIC:	~~68326~~ M67443

HSO 7/18/94 B.W.

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, KANSAS CITY		UIC: 41772	
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			
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		~~725~~ 0	~~725~~ 0
2k. Sub-total 2a. through 2j:	0	~~725~~ 0	~~725~~ 0
3. Grand Total (sum of 1c. and 2k.):	0	~~725~~ 0	~~725~~ 0

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)
MPN	~~125~~ 0 HSO 7/18/94 B.W.

NOTE: MPN BASED ON FY 93 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, KANSAS CITY		UIC: 41772	
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, KANSAS CITY	**UIC:** 41772
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.):	34
Total:	34

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, KANSAS CITY	UIC: 41772
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	1
Procurement:	
Other: *	
Total Workyears:	1

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

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

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See page 7R

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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."

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, 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

1442

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: NAVAL DENTAL CLINIC, KEY WEST, FL.

UIC: 41792

Host Activity Name (if response is for a tenant activity): NAVAL AIR STATION, KEY WEST, FL.

Host Activity UIC: 00213

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: NAVAL DENTAL CLINIC, KEY WEST, FL. **UIC:** 41792

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2		2
1b. Minor Construction	n/a		
1c. Sub-total 1a. and 1b.	2		2
2. Other Base Operating Support Costs:			
2a. Utilities	24		24
2b. Transportation	4		4
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:	28		28

DATA CALL 66
INSTALLATION RESOURCES

3. Grand Total (sum of 1c. and 2k.): 30

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	BUMED MED 825 GIA 8/2/94

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

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

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INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs
(DBOF Overhead)
Activity Name: NAVAL DENTAL CLINIC, KEY WEST, FL. UIC: 41792

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.

Table 2 - Services/Supplies Cost Data

Activity Name: NAVAL DENTAL CLINIC, KEY WEST, FL. **UIC:** 41792

Cost Category	FY 1996 Projected Costs ($000)
Travel:	6
Material and Supplies (including equipment):	45
Industrial Fund Purchases (other DBOF purchases):	n/a
Transportation:	n/a

DATA CALL 66
INSTALLATION RESOURCES

Other Purchases (Contract support, etc.):	7
Total:	58

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: NAVAL DENTAL CLINIC, KEY WEST, FL. **UIC:** 41792

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

n/a

2) Estimated number of workyears which would be eliminated:

n/a

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

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	BUMED MED 825 GJA 8/2/94

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

NEXT ECHELON LEVEL (if applicable)

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

HAROLD M. KOENIG, RADM,MC,USN
NAME (Please type or print)

Signature AUG 4 1994

ACTING CHIEF BUMED
Title

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."

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

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

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

ACTIVITY COMMANDER

C. B. Horton, CAPT, DC, USN
NAME (Please type or print)

C B Horton
Signature

Commanding Officer
Title

13 July 1994
Date

Naval Dental Center Jacksonville, FL
Activity

This is the original signature used for all activities associated with NDC Jacksonville.

BRAC-95 CERTIFICATION

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

T. E. Dorwin, LT, MSC, USNR
NAME (Please type or print)

Signature

Head, Financial Management Department
Title

13 July 1994
Date

Division

Department

NDC Jacksonville, FL
Activity

BRAC-95 CERTIFICATION

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

Connie A. Robbs
NAME (Please type or print)

Connie A. Robbs
Signature

Budget Analyst
Title

13 Jul 1994
Date

Finance
Division

Budget
Department

Naval Dental Center, Jacksonville, Fl.
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

Official name	BRANCH DENTAL CLINIC, KEY WEST, FL
Acronym(s) used in correspondence	BRDENCLINIC KEY WEST
Commonly accepted short title(s)	BDC KEY WEST

- Complete Mailing Address

Commanding Officer
Naval Dental Center
P.O. Box 74
Jacksonville, FL
32212-0074

Branch Dental Clinic
P.O. Box 9012
Key West, FL 33040-9012

- PLAD NAVDENCEN JACKSONVILLE FL

- PRIMARY UIC: 41792 (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)

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: 00213

• Primary Host (as of 01 Oct 1995) UIC: 00213

• Primary Host (as of 01 Oct 2001) UIC: 00213

• 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.

NONE

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 support to personnel stationed at NAS Key West, Air Squadrons, support and visiting personnel.
- Supports adjacent medical clinics in times of medical disasters
-
-
-
-

Projected Missions for FY 2001

- Same as above
-
-
-
-

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

- No unique missions
-
-

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.

- Naval Dental Center, Jacksonville, FL UIC 68444

- Funding Source UIC

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

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	4	8	0
• Tenants (total)			

Authorized Positions as of 30 September 1994

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	3	9	0
• 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, CAPT Charles B. Horton, DC, USN	(904)772-2863	(904)722-4125	(904)573-573-0243
• Duty Officer	(904)772-3441	(904)772-4125	[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

• 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

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

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		

PS: 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.)

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, KEY WEST, FLORIDA
ACTIVITY UIC: 41792

442

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.)

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	50578	49001	36751	36751	36751	36751	36751	36751	36751
UNMET	12575	11726	11478	11537	11515	11515	11515	11515	11515
TOTAL	63453	60727	48229	48288	48266	48266	48266	48266	48266

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 attached sheet.

NOTE: Programmed change: Providers will drop from 4 to 3 in FY95.

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.)

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	59743	59743	44807	44807	44807	44807	44807	44807	44807
UNMET	12575	11726	11478	11537	11515	11515	11515	11515	11515
TOTAL	72318	71469	56285	56344	56322	56322	56322	56322	56322

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 attached sheet.

NOTE: Programmed change: Providers will drop from 4 to 3 in FY95.

94/06/14 11:45:63

Page 28 NDC REQUEST

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.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	49001	36751	36751	36751	36751	36751	36751	35751
UNMET	11726	11478	11537	11515	11515	11515	11515	11515
TOTAL	60727	48229	48288	48266	48266	48266	48266	48266

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 attached sheet.

NOTE: Programmed change: Providers will drop from 4 to 3 in FY95.

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.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	59743	44807	44807	44807	44807	44807	44807	44807
UNMET	11726	11478	11537	11515	11515	11515	11515	11515
TOTAL	71469	56285	56344	56322	56322	56322	56322	56322

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 attached sheet.

NOTE: Programmed change: Providers will drop from 4 to 3 in FY95.

BDC KEY WEST

FY93	9972	5298	SEP 93	9972	435
	9973	4120		9973	281
		9418			716

YR 9418 13.15363
MONTH 716

ACTIVE DUTY VISITS	NAVY	MARINE	OTHER	TOTAL
9972	271	2	139	412
9973	210	3	57	270
TOTALS	481	5	196	682

AD VISITS	x	RATIO	
682		13.15363	8970.776

DEP OF ACTIVE DUTY		X	RATIO	
9972	21			
9973	4			
TOTAL	25		13.15363	328.840782

RETIRED		X	RATIO	
9972	2			
9973	7			
TOTAL	9		13.15363	118.382681

OTHER

SEPT TOTALS		X	RATIO	
9972	139		13.15363	
9973	57			
TOTAL	196		13.15363	2578.11173

DEP OF RET		X	RATIO	
9972	0			
9973	0			

UNFILLED RATE 6 % (NO STAFF)

* TOTAL WORKLOAD (CTU'S) BASED ON DIRS DATA

TOTAL	0	13.15363	0

RAPS ACTIVE DUTY DATA

FY 94	FY95	FY96	FY97	FY98	FY99	FY00
2789	2730	2744	2739	2739	2739	2739
FY 93	2991					

FY 93	PROCEDURE	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
CLASS 1	191					
CLASS 2	972	0.675938	2991	2021.732	4.55	9198.88497
CLASS 3	70	0.048678	2991	145.5980	9.22	1342.41404
CLASS 4	205	0.142559	2991	426.3942	4.77	2033.90079
TOTAL	1438					12575.1998

FY 94	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV
	0.675938	2789	1885.193	4.55	8577.629
	0.048678	2789	135.7649	9.22	1251.752
	0.142559	2789	397.5973	4.77	1896.539
TOTAL					11725.92

FY 95	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.675938	2730	1845.312	4.55	8396.173
	0.048678	2730	132.8929	9.22	1225.272
	0.142559	2730	389.1863	4.77	1856.418
TOTAL					11477.86

FY 96	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.675938	2744	1854.776	4.55	8439.231
	0.048678	2744	133.5744	9.22	1231.556
	0.142559	2744	391.1821	4.77	1865.939
TOTAL					11536.72

FY 97	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.675938	2739	1851.396	4.55	8423.853
	0.048678	2739	133.3310	9.22	1229.311
	0.142559	2739	390.4694	4.77	1862.539
TOTAL					11515.70

*FY 98/01 SAME

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)	04	04	03	03	03	03	03	03	03
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
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."

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

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

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

ACTIVITY COMMANDER

C. B. HORTON

NAME (Please type or print)

CB Horton

Signature

COMMANDING OFFICER

Title

31 May 99

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

16 JUN 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)

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

Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

442

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, KEY WEST, FL

ACTIVITY UIC: 41792

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.

- The Branch Dental Clinic provides comprehensive dental care to an active duty community of approximately 3000 members. Emergency care is also extended to dependents and retired members on a 24 hour basis.

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 KEY WEST	00213	NAS	651
NAV SEC GRP ACTIVITY	41904	TRUMAN ANNEX	247
23RD MIL INTELL SQDN (ARMY)	X7020	TRUMAN ANNEX	136
A CO MIL INTELL (ARMY(	81GH5	TRUMAN ANNEX	105
JTF-4	47854	TRUMAN ANNEX	103
CARIB.REG.OPS. CNTR.	64134	NAS KEY WEST	101
USCGC THETIS	11510	TRUMBO PT. ANNEX	90
USCGC MOHAWK	11513	TRUMBO PT. ANNEX	90
NAVMEDCLIN	00267	NAS	89
USCG GRP	36298	TRUMBO PT ANNEXZ	88
VF-45	09711	NAS	82
FL AIR NATL GUARD KW DET	FB6091	NAS	44
JFK SPC FOR UNDERWATER OPS SCHOOL	36N32	TRUMBO PT ANNEX	31
USCG STA ISLAMORADA	30311	ISLAMORADA, FL	26
USCG STA MARATHON	30314	MARATHON, FL	24
USCG STA KW	30323	TRUMBO PT. ANNEX	24
PSA	43337	NAS	20
VF-101 DET	47788	NAS	17

SES SITKNAK	13429	TRUMBO PT. ANNEX	17
SES PADRE	13428	TRUMBO PT. ANNEX	16
DEF. COMMISARY	49029	SIGSBEE PARK	13
NDC	41792	NAS	12
NAV OCEAN. COM. DET	65773	NAS	11
USCG ANT	41937	TRUMBO PT ANNEX	09
ROICC	44222	NAS	07
FLEET IMAGING CMD	41417	TRUMBO PT ANNEX	06
NLSO DET	35497	TRUMBO PT. ANNEX	02
NEX	60666	SIGSBEE PARK	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:

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	3500
B. FY1993 MET WORKLOAD (CTVs)	~~50808~~ 59,743
C. FY1993 UNMET WORKLOAD (CTVs)	12575
D. TOTAL WORKLOAD (B+C)	~~63453~~ 72318
E. MET WORKLOAD PER CAPITA (B÷A)	~~14.51~~ 17.07
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.59
G. WORKLOAD PER CAPITA (D÷A)	~~18.12~~ 20.66

940610 MED 63

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

Maximum capacity for CTVs: 53856

Explanation: CTV workload does not reflect 6% no show rate

940614

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	2991
B. FY1993 MET WORKLOAD (CTVs)	59743
C. FY1993 UNMET WORKLOAD (CTVs)	12575
D. TOTAL WORKLOAD (B+C)	72318
E. MET WORKLOAD PER CAPITA (B+A)	19.97
F. UNMET WORKLOAD PER CAPITA (C+A)	4.20
G. WORKOAD PER CAPTA (D+A)	24.18

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

Maximum capacity for CTVs: 63328

Explanation: CTV workload does not reflect 6% no show rate

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NDC
KEYWEST

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.

NOTE: ACTIVE **DUTY** POPULATION AND WORKLOAD ONLY.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	[illegible]500	2730	2744	2739	2739	2739	2739	2739
A: TOTAL MET CTVs	59001	35751	36751	36751	[illegible]751	36751	36751	36751
B: TOTAL UNMET CTVs	11726	114[illegible]	115[illegible]	11515	11515	11515	11515	11515
C: TOTAL WORKLOAD REQUIREMENT (A+B)	607[illegible]	48229	48288	48266	48266	48266	48266	48266
DENTISTS ([illegible]L AND CIV)	04	03**	03	03	03	03	03	03
[illegible]OPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
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 expl[illegible]in.

Maximum capacity for CTVs: 53856

Explanation: CTV workload does not reflect 6% no show rate.

**NOTE: # OF PROVIDERS IS PROGRAMMED TO DROP FROM 4 TO 3 IN FY 95.

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.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	2789	2730	2744	2739	2739	2739	2739	2739
A: TOTAL MET CTVs	59743	44807	44807	44807	44807	44807	44807	44807
B: TOTAL UNMET CTVs	11726	11478	11537	11515	11515	11515	11515	11515
C: TOTAL WORKLOAD REQUIREMENT (A+B)	71469	56285	56344	56322	56322	56322	56322	56322
DENTISTS (MIL AND CIV)	04	03**	03	03	03	03	03	03
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
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: 63328

Explanation: Maximum CTV's don't reflect 6% no show rate
** NOTE: # OF PROVIDERS IS PROGRAMMED TO DROP FROM 4 TO 3 IN FY 95.

BUMED 26
MDC
KEYLEST

9/08/94
MEDCO

UNFILLED RATE 6% (MOS
+ TOTAL LOADLOAD (CNVS)
BASED ON D(R) DATA

BDC KEY WEST

FY93	9972	5298	SEP 93	9972	435
	9973	4120		9973	281
		9418			716

YR 9418 13.15363
MONTH 716

ACTIVE DUTY VISITS	NAVY	MARINE	OTHER	TOTAL
9972	271	2	139	412
9973	210	3	57	270
TOTALS	481	5	196	682

AD VISITS	x	RATIO	
682		13.15363	8970.776

DEP OF ACTIVE DUTY		X	RATIO	
9972	21			
9973	4			
TOTAL	25		13.15363	328.840782

RETIRED		X	RATIO	
9972	2			
9973	7			
TOTAL	9		13.15363	118.382681

OTHER

SEPT TOTALS		X	RATIO	
9972	139		13.15363	
9973	57			
TOTAL	196		13.15363	2578.11173

DEP OF RET		X	RATIO	
9972	0			
9973	0			

TOTAL	0	13.15363	0

RAPS ACTIVE DUTY DATA

FY 94	FY95	FY96	FY97	FY98	FY99	FY00
2789	2730	2744	2739	2739	2739	2739
FY 93	2991					

FY 93	PROCEDURE	PERCENT	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
CLASS 1	191					
CLASS 2	972	0.675938	2991	2021.732	4.55	9198.88497
CLASS 3	70	0.048678	2991	145.5980	9.22	1342.41404
CLASS 4	205	0.142559	2991	426.3942	4.77	2033.90079
TOTAL	1438					12575.1998

FY 94	PERCENT	RAPS	TOTAL	WTD CTVS	UNMET CTV
	0.675938	2789	1885.193	4.55	8577.629
	0.048678	2789	135.7649	9.22	1251.752
	0.142559	2789	397.5973	4.77	1896.539
TOTAL					11725.92

FY 95	PERCENT	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.675938	2730	1845.312	4.55	8396.173
	0.048678	2730	132.8929	9.22	1225.272
	0.142559	2730	389.1863	4.77	1856.418
TOTAL					11477.86

FY 96	PERCENT	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.675938	2744	1854.776	4.55	8439.231
	0.048678	2744	133.5744	9.22	1231.556
	0.142559	2744	391.1821	4.77	1865.939
TOTAL					11536.72

FY 97	PERCENT	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.675938	2739	1851.396	4.55	8423.853
	0.048678	2739	133.3310	9.22	1229.311
	0.142559	2739	390.4694	4.77	1862.539
TOTAL					11515.70

*FY 98/01 SAME

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

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or 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 KEY WEST	9,700	15	

[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	30 JANUARY 1994	UIC	68444
FACILITY	BRANCH DENTAL CLINIC, BUILDING #A-4011 NAVAL AIR STATION, KEY WEST, FL 33040		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	72' X 77' 5,544 SQ FT	
2. DENTAL TREATMENT ROOM	7	9' x 11'	10' X 13'
3. STERILIZATION ROOM	1	11' x 20'	8' X 13'
4. X-RAY EXPOSURE ROOM	1	12' X 12'	11' X 10'
5. DARKROOM	1	6' X 11'	6' X 10'
6. PROSTHETIC LAB	1	16' X 23'	13' X 14'
7. STOREROOM/ SUPPLY ROOM	2	12' X 15'	10' X 12' 7' X 9'
8. CONFERENCE ROOM	1	15' X 16'	11' X 17'
9. ADMINISTRATIVE OFFICE	3	9' X 10'	10' X 15'
10. DENTAL OFFICER'S OFFICE	3	10' X 10'	13' X 9'

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	2	11' X 14'	21' X 12'
13. RECORDS CONTROL OFFICE	1	14' X 23'	14' X 13'
14. LOCKER ROOM (MALE)	2	O 9' X 10' E 9' X 9'	10' X 12' 9' X 12'
15. LOCKER ROOM (FEMALE)	2	O 9' X 13' E 9' X 13'	11' X 9'
16. TOILET FACILITY (MALE)	2	O 7' X 11' E 4' X 10'	8' X 6' 8' X 6'
17. TOILET FACILITY (FEMALE)	2	0 6' X 9' E 5' X 9'	9' X 7'
18. DIRECTORS OFFICE	1	10' X 10'	13' X 9'

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2040	7	A-5
2. DENTAL OPERATING CHAIR	ADEC 1005	7	A-5

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	7	A-5
4. CENTRAL VACUUM SYSTEM	US TURBINE	1	A-5
5. AIR COMPRESSOR DEHYDRATOR	INGERSALL RAND	1	A-5
6. STERILIZER	PELTON CRANE MAGNA CLAVE	1	A-5
7. LIFE SUPPORT EQUIPMENT		0	
8. OTHER MAJOR EQUIPMENT	RELIANCE, X-RAY CHAIR	1	A-5

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE		0	
2. VACUUM PORCELAIN FURNACE	JELENKO TRU FIRE	1	A-5
3. BURNOUT OVEN	JELENKO ACCU THERM 150	1	A-5
4. OTHER PROSTHETIC EQUIPMENT	JELENKO DYNAMO PLUS	1	A-5

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	1	A-5	MAY 92
2. MOBILE INTRA-ORAL		0		
3. PANORAMIC	MIDWEST PANOPRAL	1	A-5	MAY 92
4. CEPHALOMETRIC		0		
5. FILM PROCESSOR	AIR TECH AT2000 DENTEX	1 1	A-6 A-5	

PART III - UTILITIES

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

2. GAS:		NATURAL		COMMERCIAL	X	BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

LPO'S OFFICE 13' X 7'
ENLISTED LOUNGE 19' X 9'
2 STORAGE ROOMS 5' X 6'

DATE	TYPED NAME AND GRADE	SIGNATURE
30 JANUARY 1994	K. M. HARRISON, CDR, DC, USN	KMHarrison

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
	CSR renovation	1994	18K

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
	New medical/dental clinic 54K sq ft.	1998	10.8M

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 current facility is inadequate for the customers' needs. The current CSR is archaic and not within standards. In addition, the fleet population is widely disbursed and access to the clinic is not convenient to all units. Construction of the new Medical/Dental clinic will greatly improve efficiency and effectiveness of dental operations.

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?

NAS Key West is the only USN/military installation within approximately 480 miles.

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

Air: Key West Airport - 7 miles; NAS Key West - airstrip on base.
Rail: Miami, FL - 153 miles.
Sea: Port of Miami - 200 miles.
Ground: US Hwy 1 - 1 mile.

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

Mobilized members would need to fly to NAS Jacksonville, approximately 2 hours away. Area is geographically remote, travel by ground would not be feasible for short-fused mobilization requirements.

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

10-15 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?

Key West is an isolated and remote area. Recruitment and hiring of civilians, in particular dental hygienists, is difficult.

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 military dental facility is approximately 480 miles from Key West. Significant time would be lost if members were required to travel for dental care.

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 nearest military dental facility, Patrick AFB, is approximately 480 miles away. Active duty members would be required to travel for dental care, severely impacting on readiness and time lost from the workplace.

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
FLEET HOSPITAL 8		01
1ST MARINE BRIGADE KANEOHE		02
7TH MEB		01

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

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

- Productivity could be increased due to the lost time in training (10-14 days per individual, per tour), as well as time lost due to actual deployment.

13. Quality of Life.

THIS INFORMATION TO BE PROVIDED BY HOST ACTIVITY, NAS KEY WEST, FL, UIC 00213, UNDER DATA CALL # 38.

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			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. HORTON

NAME (Please type or print)

CB Horton

Signature

COMMANDING OFFICER

Title

31 May 94

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature 16 JUN 1994

ACTING CHIEF BUMED
Title

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

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, KINGS BAY, BA
Acronym(s) used in correspondence	BRDENCLINIC KINGS BAY
Commonly accepted short title(s)	BDC KINGS BAY

- Complete Mailing Address

Commanding Officer Naval Dental Center P.O. Box 74 Jacksonville, FL 32212-0074	Branch Dental Clinic SUBASE Kings Bay 871 USS James Madison Road Kings Bay, GA 31547-2531

- PLAD NAVDENCEN JACKSONVILLE FL

- PRIMARY UIC: 48489 (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)

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: 42237

• Primary Host (as of 01 Oct 1995) UIC: 42237

• Primary Host (as of 01 Oct 2001) UIC: 42237

• 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		

48489

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, RECEIVED PERSONNEL AND FLEET UNITS FROM NEW LONDON AND CHARLESTON

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 support to personnel stationed at Naval Submarine Base, Kings Bay, GA, submarine crews, support personnel and visiting ships.

- Supports adjacent medical clinics in times of medical disasters

-

-

-

-

Projected Missions for FY 2001

- Same as above

-

-

-

-

48489

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

- No unique missions
-
-

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.

- Naval Dental Center, Jacksonville, FL UIC 68444

- Funding Source UIC

48489

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

)n Board Count as of 01 January 1994

	Officers	Enlisted	Civilian
(Appropriated)			
• Reporting Command	9	28	2
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
(Appropriated)			
• Reporting Command	9	27	~~2~~ 3 CSH
• 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, CAPT Charles B. Horton, DC, USN	(904)772-2863	(904)722-4125	(904)573-573-0243
• Duty Officer	(904)772-3441	(904)772-4125	[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		

PS: 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.)

Document Separator

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CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, KINGS BAY, GEORGIA
ACTIVITY UIC: 48489

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

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

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MISSION REQUIREMENTS

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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.)

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	158413	158413	158413	158413	158413	158413	158413	158413	158413
UNMET	19101	17449	17081	17191	17183	17183	17183	17183	17183
TOTAL	177514	175862	175494	175604	175596	175596	175596	175596	175596

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 attached sheet

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.)

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	128392	128392	128392	128392	128392	128392	128392	128392	128392
UNMET	17552	16065	15730	15788	15734	15734	15734	15734	15734
TOTAL	145944	144457	144122	144180	144126	144126	144126	144126	144126

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 attached sheet

BRAC 28
NDC
KINGSBAY

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.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	158413	158413	158413	158413	158413	158413	158413	158413
UNMET	17449	17081	17191	17183	17183	17183	17183	17183
TOTAL	175862	175494	175604	175596	175596	175596	175596	175596

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 attached sheet.

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.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	128392	128392	128392	128392	128392	128392	128392	128392
UNMET	16065	15730	15700	15734	15734	15734	15734	15734
TOTAL	144457	144122	144180	144126	144126	144126	144126	144126

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 attached sheet.

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NDC
Kingsbay

BDC KINGS BAY

UNFILLED RATE 2%
(NO SHOW)

FY93	9972	9959	SEP 93	9972	708 *
	9973	8937		9973	906 *
		18896			1614

* TOTAL WORKLOAD (LTV'S) BASED ON DIFS DATA

YR 18896 11.70755
MONTH 1614

ACTIVE DUTY VISITS	NAVY	MARINE	OTHER	TOTAL
9972	591	34	5	630
9973	697	53	5	755
TOTALS	1288	87	10	1385

AD VISITS	x	RATIO	
1385		11.70755	16214.96

DEP OF ACTIVE DUTY	X	RATIO	
9972	71		
9973	11		
TOTAL	82	11.70755	960 019826

RETIRED	X	RATIO	
9972	9		
9973	22		
TOTAL	31	11.70755	362.934324

OTHER

SEPT TOTALS	X	RATIO	
9972	7	11.70755	
9973	146		
TOTAL	153	11.70755	1791.25650

DEP OF RET	X	RATIO
9972	5	
9973	2	

TOTAL	7	11.70755	81.9529120

RAPS ACTIVE DUTY DATA

FY 93	FY 94	FY95	FY96	FY97	FY98	FY99	FY00	FY01
5750	5263	5153	5172	5161	5161	5161	5161	5161

FY 93	PROCEDURE	PERCENT RAPS	TOTAL	WTD CTVS	UNMET CTV'S
CLASS 1	1968				
CLASS 2	1609	35.06%	5750	2016.071	4.55 9173.12322
CLASS 3	418	9.11%	5750	523.7524	9.22 4828.99760
CLASS 4	594	12.94%	5750	744.2797	4.77 3550.21464
TOTAL	4589				17552.3354

FY 94	PERCENT RAPS	TOTAL	WTD CTVS	UNMET CTV
	35.06%	5263	1845.318	4.55 8396.199
	9.11%	5263	479.3928	9.22 4420.002
	12.94%	5263	681.2425	4.77 3249.526
TOTAL				16065.72

FY 95	PERCENT RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.350621	5153	1806.750	4.55 8220.713
	0.091087	5153	469.3732	9.22 4327.621
	0.129439	5153	667.0041	4.77 3181.609
TOTAL				15729.94

FY 96	PERCENT RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.350621	5172	1813.412	4.55 8251.024
	0.091087	5172	471.1039	9.22 4343.578
	0.129439	5172	669.4634	4.77 3193.340
TOTAL				15787.94

FY 97	PERCENT RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.350621	5161	1809.555	4.55 8233.476
	0.091087	5161	470.1019	9.22 4334.340
	0.129439	5161	668.0396	4.77 3186.549

TOTAL	15754.36

FY 98/01 SAME

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)	09	09	09	09	09	09	09	09	09
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	02	02	02	02	02	02	02	02	02

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

C. B. HORTON

NAME (Please type or print)

C B Horton

Signature

COMMANDING OFFICER

Title

31 May 94

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature 16 JUN 1994

ACTING CHIEF BUMED
Title

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

ACNPO
Title

28 JUN 1994
Date

Document Separator

443

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, KINGS BAY, GEORGIA
ACTIVITY UIC: 48489

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 ensure active duty Navy and Marine Corps personnel who operate on Naval Submarine Base, Kings Bay, and support the Submarine Launched Ballistic Missile System are dentally prepared to meet worldwide military commitments.

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)
AS-34	04720 45252	NSB KINGS BAY	529 721
TRIDENT REFIT FACILITY	44466	KINGS BAY, GA	718
NAVAL SUBMARINE BASE	42237	KINGS BAY	437
TRIDENT TRA FAC	68701	NSB, KINGS BAY	428
MSCFCO	68885	NSB, KINGS BAY	375
USS TENN	45228 45229	NSB, KINGS BAY	340
USS KENN	45234 45235	NSB, KINGS BAY	335
USS NEB	48566 48567	NSB, KINGS BAY	334
USS MARYLAND	45670 45671	NSB, KINGS BAY	329
USS PENN	45230 45231	NSB, KINGS BAY	323
COMSUBGRU 10	55241 47998	NSB, KINGS BAY	262
ARDM-1	05369	NSB, KINGS BAY	204
USS W.VA	45233	NSB, KINGS BAY	158
SWLANT	68733	NSB, KINGS BAY	135
NAVMEDCLIN	48488	NSB, KINGS BAY	122
SUBRON 20	63976	NSB, KINGS BAY	60
PSD	42976	NSB, KINGS BAY	34
SUBRON 16	55432	NSB, KINGS BAY	39
SUBRON 16	32814	NSB, KINGS BAY	31

MOTU-14	43117	NSB, KINGS BAY	18
EOD DET 2	42970	NSB, KINGS BAY	07
EOD	46450	NSB, KINGS BAY	06
NLMOD OCEAN DET	30830	NSB, KINGS BAY	04
NLSO	47706	NSB, KINGS BAY	03
COOPMINEUNIT	55227	NSB, KINGS BAY	03
NAVRESSO	68865	NSB, KINGS BAY	02
ROICC	68248	NSB, KINGS BAY	02
FL INDUS SUP	46450	NSB, KINGS BAY	01
NAVY CAMPUS	46908	NSB, KINGS BAY	01
SUBASE TUG OPS	43592	NSB, KINGS BAY	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:

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	5962
B. FY1993 MET WORKLOAD (CTVs)	119908
C. FY1993 UNMET WORKLOAD (CTVs)	17552
D. TOTAL WORKLOAD (B+C)	137460
E. MET WORKLOAD PER CAPITA (B÷A)	20.11
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.94
G. WORKLOAD PER CAPITA (D÷A)	23.05

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

Maximum capacity for CTVs: 122308

Explanation: CTV workload does not reflect 2% no show rate.

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	5962
B. FY1993 MET WORKLOAD (CTVs)	128392
C. FY1993 UNMET WORKLOAD (CTVs)	17552
D. TOTAL WORKLOAD (B+C)	145944
E. MET WORKLOAD PER CAPITA (B÷A)	21.53
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.94
G. WORKLOAD PER CAPITA (D÷A)	24.47

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

Maximum capacity for CTVs: 130960

Explanation: CTV workload does not reflect 2% no show rate.

940614
MCD-63

BRAC 29
NDC
KINGS BAY

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.

**NOTE: Active duty population and workload only.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	5962	5243	5153	5172	5161	5161	5161	5161
A: TOTAL MET CTVs	137665	145163	144695	144651	145035	145035	145035	145035
B: TOTAL UNMET CTVs	16065	15730	15788	15734	15734	15734	15734	15734
C: TOTAL WORKLOAD REQUIREMENT (A+B)	155217	161228	160425	160462	160769	160769	160769	160769
DENTISTS (MIL AND CIV)	09	09	09	09	09	09	09	09
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	02	02	02	02	02	02	02	02

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

Maximum capacity for CTVs: 122308

Explanation: CTV workload does not reflect 2% no show rate

	94	95	96	97	98	99	2000	01
POP	5262	5263	5263	5172	5161	5161	5161	5161
A: TOTAL MET CTVs	128392	128392	128392	128392	128392	128392	128392	128392
B: TOTAL UNMET CTVs	16065	15730	15788	15734	15734	15734	15734	15734
C: TOTAL WORKLOAD REQUIREMENT (A+B)	144457	144122	144180	144126	144126	144126	144126	144126
DENTISTS (MIL AND CIV)	09	09	09	09	09	09	09	09
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	02	02	02	02	02	02	02	02

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

Maximum capacity for CTVs: 122308

Explanation: CTV workload does not reflect 2% no show rate.

94 OCT 29 NDC KANSAS CITY

BDC KINGS BAY

UNFILLED RATE 2% (US JAX)

FY93	9972	9959	SEP 93	9972	708 *
	9973	8937		9973	906 *
		18896			1614

* TOTAL WORKLOAD (CLV'S) BASED ON DLRS DATA

YR 18896 11.70755
MONTH 1614

ACTIVE DUTY VISITS	NAVY	MARINE	OTHER	TOTAL
9972	591	34	5	630
9973	697	53	5	755
TOTALS	1288	87	10	1385

AD VISITS	x	RATIO	
1385		11.70755	16214.96

DEP OF ACTIVE DUTY	X	RATIO	
9972	71		
9973	11		
TOTAL	82	11.70755	960.019826

RETIRED	X	RATIO	
9972	9		
9973	22		
TOTAL	31	11.70755	362.934324

OTHER

SEPT TOTALS	X	RATIO	
9972	7	11.70755	
9973	146		
TOTAL	153	11.70755	1791.25650

DEP OF RET	X	RATIO
9972	5	
9973	2	

TOTAL	7	11.70755	81.9529120

RAPS ACTIVE DUTY DATA

FY 93	FY 94	FY95	FY96	FY97	FY98	FY99	FY00	FY01
5750	5263	5153	5172	5161	5161	5161	5161	5161

FY 93	PROCEDURE	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
CLASS 1	1968					
CLASS 2	1609	35.06%	5750	2016.071	4.55	9173.12322
CLASS 3	418	9.11%	5750	523.7524	9.22	4828.99760
CLASS 4	594	12.94%	5750	744.2797	4.77	3550.21464
TOTAL	4589					17552.3354

FY 94	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV
	35.06%	5263	1845.318	4.55	8396.199
	9.11%	5263	479.3928	9.22	4420.002
	12.94%	5263	681.2425	4.77	3249.526

TOTAL 16065.72

FY 95	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.350621	5153	1806.750	4.55	8220.713
	0.091087	5153	469.3732	9.22	4327.621
	0.129439	5153	667.0041	4.77	3181.609

TOTAL 15729.94

FY 96	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.350621	5172	1813.412	4.55	8251.024
	0.091087	5172	471.1039	9.22	4343.578
	0.129439	5172	669.4634	4.77	3193.340

TOTAL 15787.94

FY 97	PERCENT RAPS	RAPS	TOTAL	WTD CTVS	UNMET CTV'S
	0.350621	5161	1809.555	4.55	8233.476
	0.091087	5161	470.1019	9.22	4334.340
	0.129439	5161	668.0396	4.77	3186.549

TOTAL	15754.36

FY 98/01 SAME

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

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or 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]
	BRANCH DENTAL CLINIC	14,003	5	

[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	31 MAY 1994	UIC	68444
FACILITY	BRANCH DENTAL CLINIC, NAVAL SUBMARINE BASE KINGS BAY, GEORGIA 31547-5000		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	92' X 147' 13,524 SQ FT	
2. DENTAL TREATMENT ROOM	20	11' X 12'	
3. STERILIZATION ROOM	1 1	15' X 21' 11' X 9'	CLEAN SIDE DIRTY SIDE
4. X-RAY EXPOSURE ROOM	1	15' X 21'	
5. DARKROOM	1	8' X 12'	
6. PROSTHETIC LAB CASTING ROOM PORCELAIN ROOM	1 1 1	30' X 11' 18' X 7' 3' X 9'	
7. STOREROOM/ SUPPLY ROOM	1 1	12' X 15' 31' X 19'	
8. CONFERENCE ROOM	1	24' X 13'	
9. ADMINISTRATIVE OFFICE	1 1 1	10' X 9' 11' X 12' 22' X 12'	
10. DENTAL OFFICER'S OFFICE	1	11' X 12'	

NAVMED 6750/4 (Rev. 5/91)

Encl (10)

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	55' X 16'	
13. RECORDS CONTROL OFFICE	1	11' X 20'	
14. LOCKER ROOM (MALE)	1	11' X 12'	
15. LOCKER ROOM (FEMALE)	1	11' X 13'	
16. TOILET FACILITY (MALE)	2	9' X 12'	
17. TOILET FACILITY (FEMALE)	2	9' X 12'	
18. OTHER MAJOR ROOMS			SEE SECTION IV

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC - 4200	20	A-4
2. DENTAL OPERATING CHAIR	ADEC - PRIORITY 1005	20	A-4

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Encl (10)

3. DENTAL OPERATING LIGHT	ADEC - 6300 ADEC DUAL TRACK - 6300	20 1	A-4 A-4
4. CENTRAL VACUUM SYSTEM	SPENCER	2	A-4
5. AIR COMPRESSOR DEHYDRATOR	INGERSALL RAND	1	A-4
6. STERILIZER		0	
7. LIFE SUPPORT EQUIPMENT	LIFE PAK - 7	1	A-1
8. OTHER MAJOR EQUIPMENT	SURGERY CHAIR DEXTA MODEL MK 20X	1	A-4

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM MINI CAST	1	A-4
2. VACUUM PORCELAIN FURNACE	VACUMAT- DENTSPLY	2	A-4
3. BURNOUT OVEN	JELENKO ACCU THERM 2000 TICONIUM 3010 A1	2 1	A-4 A-4
4. OTHER PROSTHETIC EQUIPMENT		0	

NAVMED 6750/4 (Rev. 5/91)

Encl (10)

SECTION C - DENTAL X-RAY EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX - 46197063G1 GENDEX - 4640653G2	1 2	A-4 A-4	APR 90 APR 90
2. MOBILE INTRA-ORAL		0		
3. PANORAMIC	GENDEX - PANOLIPSE	1	A-4	APR 90
4. CEPHALOMETRIC		0		
5. FILM PROCESSOR	AIR TECH - AT2000	3	(1) A-1 (2) A-4	

PART III - UTILITIES

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

PART IV - REMARKS AND RECOMMENDATIONS

MAJOR ROOMS CONTINUED:

SPACE DESCRIPTION	QUANITY	SIZE
ADMINISTRATIVE OFFICE	1	10' X 13'
TOILETS NOT DESIGNATED	3	5' X 7'
	1	5' X 6'
DENTAL CONSULTATION ROOMS	2	11' X 13'
DENTAL OFFICERS PRIVATE OFFICE	4	10' X 13'
	1	11' X 13'
DUTY ROOM	1	9' X 12'
RECOVERY ROOM	1	9' X 12'
LAUNDRY ROOM	1	12' X 8'

DATE	TYPED NAME AND GRADE	SIGNATURE
31 MAY 1994	G.E. Bennett, CAPT, DC, USN	

Encl (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 oF BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

The Branch Dental Clinic is co-located with the Naval Medical Clinic. This is a superb facility in all respects.

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?

Facility is centrally located on base.

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

Air: Jacksonville Int'l - 28 miles;
St. Marys Municipal Airport - 2 miles.
Rail: N/A
Sea: Port of Jacksonville, 55 miles.
Ground: I-95 - 7 miles.

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

Point of embarkation is Jacksonville, FL, 55 miles away.

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

5 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?

- 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?

Active duty personnel would be required to receive dental care at BDC Jacksonville, FL, approximately 55 miles away; impacting on readiness and time lost from the workplace.

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.

Active duty personnel would receive dental care at BDC Jacksonville, FL, approximately 55 miles away; severely impacting on readiness and time lost from the workplace.

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
FLEET HOSPITAL 15		03
FLEET HOSPITAL 4		01
1ST MARINE BRIGADE, KANEOHE		02
US NAVDENCEN, ROOSEVELT ROADS, PR		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.

- Productivity could be increased due to the lost time in training (10-14 days per individual, per tour), as well as time lost due to actual deployment.

13. Quality of Life.

THIS INFORMATION PROVIDED BY HOST ACTIVITY, NAVAL SUBMARINE BASE, KINGS BAY, UIC 42237, UNDER 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?

(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			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. HORTON

NAME (Please type or print)

CB Horton

Signature

COMMANDING OFFICER

Title

31 May 94

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

x R I Ridenour
Signature

ACTING CHIEF BUMED
Title

16 JUN 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)

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

Signature

ACTING
Title

30 JUN 1994
Date

443

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: NAVAL DENTAL CLINIC, NAVSUBASE, KINGS BAY, GA.

UIC: 48489

Host Activity Name (if response is for a tenant activity): NAVSUBASE KINGS BAY, GA.

Host Activity UIC: 42237

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: NAVAL DENTAL CLINIC, KINGS BAY, GA. UIC: 48489

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3	n/a	3
1b. Minor Construction	n/a	n/a	n/a
1c. Sub-total 1a. and 1b.	3	0	3
2. Other Base Operating Support Costs:			
2a. Utilities	n/a	n/a/	n/a
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:	n/a	n/a	n/a

DATA CALL 66
INSTALLATION RESOURCES

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

NOTE: M.O.U. with NAVSUBASE, Kings Bay, provides the following services at no cost to Naval Dental Clinic, Kings Bay:

Utilities (including phone costs)
Transportation (vehicle & fuel)
Grounds Maintenance
Majority of Maintenance of Real Property
Housekeeping Contract
Refuse Collection
Procurement

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	BOMEO MEO 825 GSA 8/2/94

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: NAVAL DENTAL CLINIC, KINGS BAY, GA. UIC: 48489

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	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:			
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
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.

Table 2 - Services/Supplies Cost Data
Activity Name: Branch Dental Clinic, Kings Bay, Ga. **UIC:** 48489

Cost Category	FY 1996 Projected Costs ($000)
Travel:	13
Material and Supplies (including equipment):	76
Industrial Fund Purchases (other DBOF purchases):	n/a
Transportation:	n/a

DATA CALL 66
INSTALLATION RESOURCES

Other Purchases (Contract support, etc.):	9
Total:	98

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: NAVAL DENTAL CLINIC KINGS BAY, GA. **UIC:** 48489

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

n/a

2) Estimated number of workyears which would be eliminated:

n/a

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

n/a

DATA CALL 66
INSTALLATION RESOURCES

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

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

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	BUMED MED 825 65A 8/2/94

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

NEXT ECHELON LEVEL (if applicable)

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

HAROLD M. KOENIG, RADM,MC,USN
NAME (Please type or print)

Signature AUG 4 1994

ACTING CHIEF BUMED
Title

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."

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

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

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

ACTIVITY COMMANDER

C. B. Horton, CAPT, DC, USN
NAME (Please type or print)

C B Horton
Signature

Commanding Officer
Title

13 July 1994
Date

Naval Dental Center Jacksonville, FL
Activity

This is the original signature used for all activities associated with NDC Jacksonville.

BRAC-95 CERTIFICATION

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

T. E. Dorwin, LT, MSC, USNR
NAME (Please type or print)

Signature

Head, Financial Management Department
Title

13 July 1994
Date

Division

Department

NDC Jacksonville, FL
Activity

BRAC-95 CERTIFICATION

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

Connie A. Robbs
NAME (Please type or print)

Connie A. Robbs
Signature

Budget Analyst
Title

13 Jul 1994
Date

Finance
Division

Budget
Department

Naval Dental Center, Jacksonville, Fl.
Activity

Document Separator

144

CAPACITY ANALYSIS: # 28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Kingsville, TX
ACTIVITY UIC: 41791

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

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

ENCLOSURE (7)

TABLE OF CONTENTS

MISSION REQUIREMENTS
1. Workload 3,4
2. Staffing 5

MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	31,766	29,457	21,300	21,300	14,568	14,568	14,568	14,568	14,568
UNMET	2,744	2,744	9,464	9,464	16,196	16,196	16,196	16,196	16,196
TOTAL	34,510	32,201	30,764	30,764	30,764	30,764	30,764	30,764	30,764

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

BDC Kingsville Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074
A: Total MET CTVs	29,457	21,300	21,300	14,568	14,568	14,568	14,568	14,568
B: Total UNMET CTVs	2,744	9,464	9,464	16,196	16,196	16,196	16,196	16,196
C: Total Workload requirements (A+B)	32,201	30,764	30,764	30,764	30,764	30,764	30,764	30,764
Dentists (military and civilian)	2	2	2	1	1	1	1	1
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.
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.

FY-1995-96

	Numbers		CTV	Months	CTVs Year	Provider CTVs
DO	2		561	12	13,464	6,732
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		232	12	2,784	
Total CTVs					21,300	

Civilian Hygienist Contract will not be renewed for FY-1995 on.
Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

FY-1997-2001

	Numbers		CTV	Months	CTVs Year
DO	1		561	12	6,732
HYG	0		0	0	0
Prophy	1		421	12	5,052
X-Ray	0		232	12	2,784
Total CTVs					14,568

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.
One Dental Officer Billet lost from FY-1997 on.

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	41,484	41,484	41,484	41,484	41,484	41,484	41,484	41,484
UNMET	0	0	0	0	0	0	0	0
TOTAL	41,484	41,484	41,484	41,484	41,484	41,484	41,484	41,484

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

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BDC NAS Kingsville 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	41,484	41,484	41,484	41,484	41,484	41,484	41,484	41,484
UNMET	0	0	0	0	0	0	0	0
Total	41,484	41,484	41,484	41,484	41,484	41,484	41,484	41,484

Given physical plant is the only constraint.
RAPS population data unavailable for this clinic.

This clinic has 6 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. **6 DTRs could be ideally staffed with 4 Dental Officers (DOs) and 1 Hygienist (HYG).**
2. **Above workload figures are based on staffing increase from 2 to 4 DO's and 1 HYG to 1 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	4		561	12	26,928
HYG	1		981	12	11,772
Prophy	0		0	12	0
X-Ray	0		232	12	2,784
Total CTVs					41,484

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)	2	2	2	2	1	1	1	1	1
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

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

28 BDC Kingsville, TX

ENCLOSURE (7)

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~~
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: 41791

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, Kingsville, TX*
Acronym(s) used in correspondence	BDC - Branch Dental Clinic DEN - Dental BR - Branch CL - Clinic
Commonly accepted short title(s)	BRDENCLINIC BRDENCL

- Complete Mailing Address

730 Forrestal street Bldg 3775 Suite 102
Kingsville, TX 78363-5117

- PLAD
BRMEDCLINIC Kingsville, TX

- PRIMARY UIC: 41791 (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 (8)

Activity: 41791

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: 60241

· 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 __X__ No ____ (check one)

Contractor: Dental Power, Newport News, VA - 1 Hygienist

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: 41791

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

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

Current Missions

- Provide a full range of Dental Services for all active duty personnel.
- Provide dental treatment to Joint Federal Task Force engaged in Border Patrol activities.
- Provide dental examinations to Texas A&M students involved in Recruit Officer Training Programs.
- Provide Overseas screening examinations for active duty dependents.
- Provide dental examinations for individuals in DODMERB program.
- Conduct training to ensure operational dental readiness.

. Maintain appropriate education programs to ensure that both military and dental standards of conduct, performance and care are achieved and maintained.

. Facilitate utilization of Delta Dental Plan.

Projected Missions for FY 2001

- Same as above.
- Become the Benchmark in South Texas Dental Care.
- One hundred percent (100%) Dental Readiness for Active Duty Team.
- Maximized Education and Training with optimally prepared personnel.
-

Activity: 41791

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

- Provide a full range of Dental Services for one of the very few remaining Intermediate Striker and Advanced Striker Aviator Training Commands.

- Provide Dental Services for the ONLY T-45 (state of the art) Goshawk Advanced Striker program in the Navy.

- Provide Dental Treatment for Joint Federal Task Force involved in Border Patrol activities.

. Provide examinations for Recruit Officer Training Program at Texas A&M.

Projected Unique Missions for FY 2001

- Same as above.

- Fifty six Immigration and Naturalization Officers will be permanently assigned to the Border Patrol Task Force Headquarters arriving in March 1994.

-

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

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
• Reporting Command	2	4 1 *	0 Appropriated
. Tenants (total)			

* Contract Hygienist

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
• Reporting Command	2	4 1 *	0 Appropriated
. Tenants (total)			

* Contract Hygienist

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
•			

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	Offic	Enlist	Civilia
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Offic	Enlist	Civilia
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.)
DELMAR COLLEGE	*CORPUS CHRISTI TX*	*MOU WITH DENTAL ASSISTANT SCHOOL TO FACILITATE PRACTICAL TRAINING.*

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: 41791

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: 41791

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) Signature X

10 FEB 1994

ACTING CHIEF BUMED

Title Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print) Signature

ACTING

Title Date 16 FEB 94

Document Separator

444

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Kingsville, TX
ACTIVITY UIC: 41791

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

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

ENCLOSURE (7)

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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 Naval Air Station, Kingsville, Texas. Mission includes Joint Task Force engaged in Border Patrol activities as well as Texas A & M students involved in Recruit Officer Training Programs.

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 KINGSVILLE	60241	NAS KINGSVILLE	187
UNDERGRAD PILOT TRG	42095	NAS KINGSVILLE	175
STUDENT PILOTS	30777	NAS KINGSVILLE	157
NROTC	W1NV71	TX A&M KINGSVIL	107
TRNG SQUADRON 21	0400A	NAS KINGSVILLE	51
TRNG SQUADRON 22	0401A	NAS KINGSVILLE	48
NAVAL AUX LANDING FIELD	30776	ORANGE GROVE, TX	48
TRNG SQUADRON 23	0402A	NAS KINGSVILLE	46
TRAAIRWING 2	09239	NAS KINGSVILLE	42
SECURITY DEPT	49332	NAS KINGSVILLE	40
BRMEDCLINIC	32647	NAS KINGSVILLE	40
TRAAIRWING 2 ITU	47734	NAS KINGSVILLE	33
MOMAG U-15	55642	NAS KINGSVILLE	29
MATMSAC CAU	49419	NAS KINGSVILLE	13

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)
PSD	43096	NAS KINGSVILLE	10
NAV RESERV CTR	63249	HARLINGEN, TX	10
BRDENCLINIC	41791	NAS KINGSVILLE	09
MCMULLEN TARGET RANGE	30780	BEEVILLE, TX	07
NOCD	65774	NAS KINGSVILLE	05
DECA	49033	NAS KINGSVILLE	04
RADIO COMM	33279	NAS KINGSVILLE	04
BRMEDCLINIC NALF	33045	ORANGE GROVE, TX	02
CAAC	45765	NAS KINGSVILLE	02
FAM SERV CTR	48638	NAS KINGSVILLE	02
NAVY EXCHANGE	63348	NAS KINGSVILLE	01
SOUTHERN CONTRACT DIV	45974	NAS KINGSVILLE	01
INSTRUCTOR/IN-SPECTOR STAFF	46050	HARLINGEN, TX	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	**1,074**
B. FY1993 MET WORKLOAD (CTVs)	**31,766**
C. FY1993 UNMET WORKLOAD (CTVs)	**2,744**
D. TOTAL WORKLOAD (B+C)	**34,510**
E. MET WORKLOAD PER CAPITA (B÷A)	**29.58**
F. UNMET WORKLOAD PER CAPITA (C÷A)	**2.56**
G. WORKLOAD PER CAPITA (D÷A)	**32.13**

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 Kingsville Data Call #29

Actual Population	1,074	
RAPS	0	Not Available
FY-1993-Total MET CTVs	31,766	

EFFICIENCY REVIEW METHODOLOGY

Class Requirements

Class	# of Patients	% of Patients
I	548	51%
II	440	41%
III	75	7%
IV	11	1%
Total	1,074	100%

ER Multiple

Class	# of Patients	CTV Multi	Result
II	440	4.55	2,002
III	75	9.20	690
IV	11	4.77	52
Total	526	UNMET	2,744

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	1,074
B.	FY1993 MET WORKLOAD (CTVs)	31,766
C.	FY1993 UNMET WORKLOAD (CTVs)	2,744
D	TOTAL WORKLOAD (B+C)	34,510
E.	MET WORKLOAD PER CAPITA (B/A)	29.58
F.	UNMET WORKLOAD PER CAPITA (C/A)	2.56
G.	WORKLOAD PER CAPITA (D/A)	32.13

X-Ray CTVs are included in FY-1993 MET workload.

6a.

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	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074
A: TOTAL MET CTVs	29,457	21,300	21,300	14,568	14,568	14,568	14,568	14,468
B: TOTAL UNMET CTVs	2,744	9,464	9,464	16,196	16,196	16,196	16,196	16,196
C: TOTAL WORKLOAD REQUIREMENT (A+B)	32,201	30,764	30,764	30,764	30,764	30,764	30,764	30,764
DENTISTS (MIL AND CIV)	2	2	2	1	1	1	1	1
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 Kingsville Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074
A: Total MET CTVs	29,457	21,300	21,300	14,568	14,568	14,568	14,568	14,568
B: Total UNMET CTVs	2,744	9,464	9,464	16,196	16,196	16,196	16,196	16,196
C: Total Workload requirements (A+B)	32,201	30,764	30,764	30,764	30,764	30,764	30,764	30,764
Dentists (military and civilian)	2	2	2	1	1	1	1	1
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.
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.

FY-1995-96

	Numbers		CTV	Months	CTVs Year	Provider CTVs
DO	2		561	12	13,464	6,732
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		232	12	2,784	
Total CTVs					21,300	

Civilian Hygienist Contract will not be renewed for FY-1995 on.
Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

FY-1997-2001

	Numbers		CTV	Months	CTVs Year
DO	1		561	12	6,732
HYG	0		0	0	0
Prophy	1		421	12	5,052
X-Ray	0		232	12	2,784
Total CTVs					14,568

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.
One Dental Officer Billet lost from FY-1997 on.

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.								

39

- Not applicable, building is owned by NAS Kingsville, TX.

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 NAS Kingsville, TX.

- Not applicable, building is owned by NAS Kingsville, TX.

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

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 NAS Kingsville, TX.

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LOCATION

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

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

- **Dental 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?

- **Seven 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?

- Loss of required dental health care to supported units. Unique military populations, i. e. Intermediate and Advanced Striker Jet Aviators, T-45 GOSHAWK Advance Striker Aviators, Recruit Officer Training Program students at Texas A & M and active duty USAF and US Army Border Patrol Task Force members receive care at this facility.

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.

- Personnel could be treated at NAS Corpus Christi, TX (60 miles/1 hr drive); Lackland AFB and/or Brooks Army Medical Center, Fort Sam Houston, San Antonio, TX (155 miles/2.5 hr drive); or by civilian dental providers.

The resulting process would result in the loss of manhours (work/training) and TAD funding for travel.

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
1ST MAR BRIG	**None**	**Enlisted: 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.

1. No Dental Officers assigned = 0 CTV's lost.

2. Deploying enlisted is not a Prophy Tech = 0 CTV's lost.

13. Quality of Life.

- This segment answered by Host Activity, NAS Kingsville (UIC 60241) 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 Kingsville, TX

ENCLOSURE (7)

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

~~[illegible]~~
R. I. RIDENOUR, RADM,MC,USN
NAME (Please type or print)

Signature

~~[illegible]~~
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

441

DATA CALL 66
INSTALLATION RESOURCES

Activity Name:	**Branch Dental Clinic, Kingsville, Texas**
UIC:	**41791**
Host Activity Name:	**Naval Air Station, Kingsville, Texas**
Host Activity UIC:	**60241**

1. VR BUMED 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Dental Clinic, Kingsville, Texas		UIC:	41791
	FY-96 BOS COSTS ($000)		
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1b. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	8		8
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	1		1
2j. Other (specify) Communication	3		3
2k. Sub-total 2a. through 2j.	12		12
3. Grand Total (sum of 1c. and 2k).:	12		12

Table 1B N/A VR Bumed 824 8/1/94

DATA CALL 66
INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic, Kingsville, Texas	UIC: 41791
Cost Category	FY-1996 Projected Costs ($000)
Travel:	4
Material and Supplies (including equipment):	5
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	44
Total:	53

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, Kingsville, Texas	UIC: 41791
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 pages #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, KINGSVILLE	UIC: 41791
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.

ø 3R VR Bumed 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 Kingsville 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

FAR VR Bumeo 824 8/1/94

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

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 8-2-94

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