

445

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC LAKEHURST, NJ
UIC:	39068
Host Activity Name (if response is for a tenant activity):	NAVAL AIR WARFARE CENTER LAKEHURST, NJ
Host Activity UIC:	68335

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.

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Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CENTER LAKEHURST, NJ			UIC: 39068
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	6		6
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	6		6
2. Other Base Operating Support Costs:			
2a. Utilities	31		31
2b. Transportation	1		1
2c. Environmental	3		3
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	3		3
2j. Other (Specify) Communications	3		3
Engineering Support	7		7
2k. Sub-total 2a. through 2j:	48		48
3. Grand Total (sum of 1c. and 2k.):	54		54

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
O&M	54
GRAND TOTAL 1A"3"	54

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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Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC LAKEHURST, NJ			UIC: 39068
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
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
3. Depreciation	N/A		N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A		N/A

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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 LAKEHURST, NJ	UIC: 39068
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	3
Material and Supplies (including equipment): T, W, Y	12
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	1
Other Purchases (Contract support, etc.):	
Q - Maintenance and Repair	6
Q - Engineering Support	9
M - Utilities	31
N - Communications	3
Total:	65

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3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC LAKEHURST, NJ	UIC: 39068
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

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

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

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

0

2) Estimated number of workyears which would be eliminated:

None

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):

None

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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	

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. L. JUCOVICS
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

19 JULY 1994
Date

BRANCH DENTAL CLINIC
LAKEHURST, NJ
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

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

x *D F Hagen*
Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-26-94
Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W A Earner
Signature

Title

8/6/94
Date

Document Separator

445

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic LAKEHURST, NJ
ACTIVITY UIC: 39068**

**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
2. Staffing

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	6,336	93,277	90,676	90,275	88,879	88,879	88,879	88,879	88,879
UNMET *	1,276	18,783	18,260	18,179	17,898	17,898	17,898	17,898	17,898
TOTAL	7,612	112,063	108,936	108,454	106,776	106,776	106,776	106,776	106,776

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:

***This dental clinic has UNMET CTV workload.**

***FY93 population from September 1993 Dental Readiness Reports.**

***FY94-2001 population is RAPS data.**

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	466,385	453,382	451,375	444,393	444,393	444,393	444,393	444,393
UNMET	0	0	0	0	0	0	0	0
TOTAL	466,385	453,382	451,375	444,393	444,393	444,393	444,393	444,393

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:

- Staffing increased to optimized dental treatment rooms.
- New met CTVs=(Met CTVs/Present Staff)*Full Staffing
- New unmet CTVs=Total CTVs - New Met CTVs

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)	N/A								

Onboard as of May 1994

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC LAKEHURST, NJ
UIC: 39068

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. L. JUCOVICS
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center Newport, RI
Activity

R. L. Jucovics
Signature
24 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

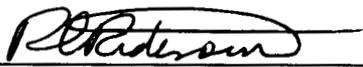
Date

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 
Signature

ACTING CHIEF BUMED
Title

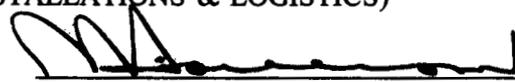
16 JUN 1994
Date

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

445

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic Lakehurst, NJ
ACTIVITY UIC: 39068

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

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

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11. Capabilities
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*ATTACHED: DENTAL EQUIPMENT AND FACILITIES REPORT
(NAVMED 6750/4)

MISSION REQUIREMENTS

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

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

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) *
NAWR-AD	68335	Lakehurst, NJ	244
NATTC-DET	63094	Lakehurst, NJ	46
Medical	32633	Lakehurst, NJ	28
PSD	43313	Lakehurst, NJ	10
NTCC	33241	Lakehurst, NJ	10
NEX/Commissary	60667	Lakehurst, NJ	8
NOCD	66465	Lakehurst, NJ	8
ROICC/PWC	44207	Lakehurst, NJ	8
DARISSA	No UIC	Lakehurst, NJ	7
Dental	39068	Lakehurst, NJ	5
RNMCB-21	08861	Lakehurst, NJ	5

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

***Current active duty population as of May 1994, source Dental Readiness Report.**

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION *	363
B. FY1993 MET WORKLOAD (CTVs)	6,336
C. FY1993 UNMET WORKLOAD (CTVs)	1,276
D. TOTAL WORKLOAD (B+C)	7,612
E. MET WORKLOAD PER CAPITA (B÷A)	17.5
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.5
G. WORKLOAD PER CAPITA (D÷A)	21.0

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

Maximum capacity for CTVs: 31,680, If staffing were to be increased to optimize clinic dental treatment room space.

Explanation:

***Actual population based on September 1993 Dental Readiness Report.**

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	5,344	5,195	5,172	5,092	5,092	5,092	5,092	5,092
A: TOTAL MET CTVs	93,277	90,676	90,275	88,879	88,879	88,879	88,879	88,879
B: TOTAL UNMET CTVs	18,783	18,260	18,179	17,898	17,898	17,898	17,898	17,898
C: TOTAL WORKLOAD REQUIREMENT (A+B)	112,061	108,936	108,454	106,776	106,776	106,776	106,776	106,776
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) *	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: FY94 466,385, If staffing were to be increased to optimize clinic dental treatment room space.

Explanation:

*Source for population is RAPS data.

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

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
54010	BDC, Lakehurst/Pt. care	3,663	73	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 of 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.

- No impact on the clinic's mission -

LOCATION

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

-Close clinic proximity to patient population serves to aid in patient compliance and subsequent increase in dental readiness.

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

-Close clinic proximity to patient population serves to aid in patient compliance and subsequent increase in dental readiness.

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

-Air: Philadelphia 1.5 hours.

-Rail: Philadelphia 1.5 hours.

-Sea: Military assests NWS Earle 1 hour.

-Ground: Philadelphia 1.5 hours.

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

-Quick access to transportation nodes.

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?

-HRO has large pool of qualified civilian applicates.

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?

Military personnel would no longer be able to receive military dental care on site. Active duty would have to travel to McGuire AFB 21 miles away to obtain 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.

Active duty would have to travel to McGuire AFB 21 miles away to obtain dental care.

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		

*Assigned as of May 1994

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.

Submission made by:

RLC: Naval Air Weapons Center, Lakehurst, NJ

UIC: 68335

BRAC Data Call: #5

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	5 January 1994	UIC	39068
FACILITY	Branch Dental Clinic, Naval Engineering Center, Bldg. # 39, Lakehurst, NJ 08733-5007		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BDC Clinic 1	1	115' X 26'	Bldg. # 39
2. DENTAL TREATMENT ROOM	5	11' X 9'	
3. STERILIZATION ROOM	1	11' X 8'	
4. X-RAY EXPOSURE ROOM	1	12' X 10'	
5. DARKROOM	1	6' X 4'	
6. PROSTHETIC LAB	1	11' X 9'	Limited Prosthetics
7. STOREROOM/ SUPPLY ROOM	1	11' X 4'	
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	1	11' X 9'	

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	27' X 17'	
13. RECORDS CONTROL OFFICE	1	12' X 11'	Also Used As Appointment Desk
14. LOCKER ROOM (MALE)	1	11' X 7'	
15. LOCKER ROOM (FEMALE)	1	11' X 5'	
16. TOILET FACILITY (MALE)	2	11' X 6'	
17. TOILET FACILITY (FEMALE)	1	11' X 6'	
18. OTHER MAJOR ROOMS SPO Office Staff Lounge	1 1	11' X 9' 26' X 10'	
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Adec 4200	3	(3) A4
	Adec Custom	2	(2) A4
2. DENTAL OPERATING CHAIR	Den-tal-ez PL200	1	(1) A6
	Koenig-Krammer 050000	1	(1) A4
	Adec Priority	4	(4) A4

3. DENTAL OPERATING LIGHT	Pelton Crane LF+ Adec 6300	3 2	(3) A4 (2) A4
4. CENTRAL VACUUM SYSTEM	Den-tal-ez MC202	1	(1) A4
5. AIR COMPRESSOR DEHYDRATOR	Air Technique, Airstar 5	1	(1) A4
6. STERILIZER	Pelton Crane Validator 10	2	(2) A4
7. LIFE SUPPORT EQUIPMENT	Dental Clinic Located In Dispensary		
8. OTHER MAJOR EQUIPMENT		0	

SECTION B - PROSTHETIC LAB EQUIPMENT

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

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC LAKEHURST, NJ
UIC: 39068

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. L. JUCOVICS
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center Newport, RI
Activity

R. L. Jucovic
Signature
24 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

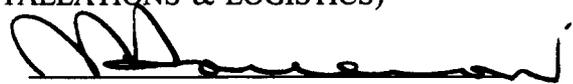
Date

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

30 JUN 1994

Date

Document Separator

UIC 39068
BDC LAKEHURST

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 Lakehurst, NJ
Acronym(s) used in correspondence	BDC Lakehurst, NJ
Commonly accepted short title(s)	

- Complete Mailing Address: Branch Dental Clinic
Naval Air Engineering Station
Lakehurst, NJ 08733

- PLAD: BRDENCLINIC LAKEHURST NJ

- PRIMARY UIC: 39068 (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)

ENCLOSURE (4)

UIC 39068
BDC LAKEHURST

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: 48558
- Primary Host (as of 01 Oct 1995) UIC: Same as above
- Primary Host (as of 01 Oct 2001) UIC: Same as above

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

• Yes _____ No x (check one)

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

Name	Location	UIC
N/A		

UIC 39068
BDC LAKEHURST

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 to date.

UIC 39068
BDC LAKEHURST

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

Current Missions

-Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographical area as prescribed by Title 10, U.S. Code, and other applicable directives.

Projected Missions for FY 2001

-No change anticipated.

UIC 39068
BDC LAKEHURST

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

-No change projected.

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

• Operational name	UIC
<u>Naval Dental Center</u>	<u>66023</u>
• Funding Source	UIC
<u>Same as above</u>	_____

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

On Board Count as of 01 January 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>1</u>	<u>3</u>	<u>0</u>
Contract			<u>0*</u>
• Tenants (total)	<u>1</u>	<u>3</u>	<u>0</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>1</u>	<u>2</u>	<u>0</u>
Contract			<u>0*</u>
• Tenants (total)	<u>1</u>	<u>2</u>	<u>0</u>

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

<u>Title/Name</u>	<u>Office</u>
R. L. Jucovics, CAPT, DC, USN,	Commanding Officer, NDC Newport
P. G. Lynch, CAPT, DC, USN,	Executive Officer
C. L. Burton, LT, MSC,	Admin Officer

DSN 948-2258/3028, FAX 948-2090
Commercial (401) 846

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

UIC 39068
BDC LAKEHURST

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: ATTACHED

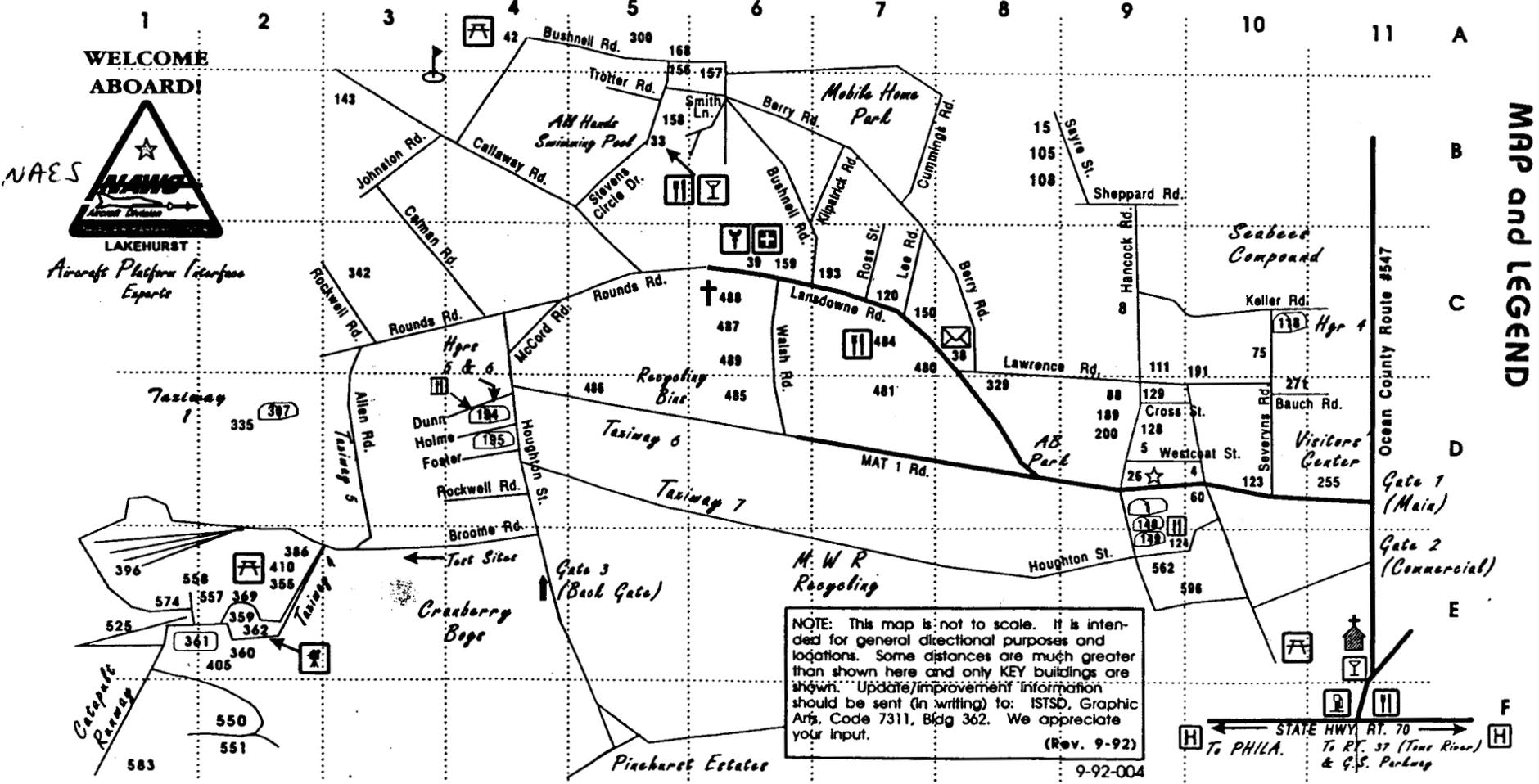
- 1 AB School (CALASSAS)/ Training Classrooms/ NATC Det/ Telecommunications (D9)
- 4 PAO/Legal/Family Svcs (D10)
- 5 PW/Public Safety/ROICC (D9)
- 8 Security/PW Transp Shop (C9)
- 15 PW Central Heat Plant #1 (B8)
- 26 Cma Officer/Exec. Officer/ Cmd Master Chief/ Military Svcs/ Directorate Heads/ TQM (D9)
- 33 BOQ/ Consolidated Mess (B5)
- 38 Post Office/ MAC (bank) Machine (C8)
- 39 Medical/ Dental Dispensary (C6)
- 42 Air Ops XMIT & Elec (A4)
- 60 Credit Union (D10)
- 75 DRMO Disposal (C10)
- 88 PW Transp Shop & Office (D9)
- 106 PW Heat Plant (B8)
- 111 PW Transp Ops (C9)

- 118 DRMO Storage (C10)
- 120 Sys Reqmts/ DEP Ukon Off/ ISTSD/ NIS/ Career Counsr/ Mailroom/ Cent. Files/ Duty Off/ Gymnasium/ Family Housng/ Child Care/ PSD/ NITCC (C7)
- 123 Photometric Lab/ PW Storage. (D10)
- 124 Indust. Heat Treat/ QA R&D (E9)
- 128 Firehouse (D9)
- 129 Supply/ Contracts/ Servmart/ QA/ Small Bus Spec/ Gen Counsl/ Contract Advisor (D9)
- 143 Air Ops UHF Homer Beacon (A2)
- 148 *MT Shops/ QA Inspec (D9)
- 149 *MT Shops/ DPSDBO/ Tech Dwgsl/ Tech Libry/ RDT&E Envir Test Lab/ Sea Cadets (E9)

- 150 Cmd Fitness Coord/ MATSG/ CAAC (C7)
- 156 BEQ (A5)
- 157 BEQ (A6)
- 158 Navy Relief (B5)
- 159 Seabreeze Club (C6)
- 168 BEQ (A5)
- 189 Auto Hobby Shop (D9)
- 191 PW Transp Riggers (C10)
- 193 Theatre/ MWR/ Amusmt Ctr/ Library/ NEX Off/ Gear Issue/ Cafeteria/ NEX Svc/ Outlets (C7)
- 194 CECOM/ DARISSA/ Concept Eval. Trng Spnt Act (CETSA)/ Air Ops Cntrl Tower/ Avionics Lab/ Snack Bar (D4)
- 195 Air Ops AIMD/ Mobile Inshore Underwater Warfare Unit (MIUWU) (D4)
- 200 HRD/ Classrooms/ Job Info (D9)

- 255 Post & ID/ Navy Recruiter (D11)
- 271 QA Recvng/ Inspec/ Warehouse (D10)
- 300 Golf Clubhouse/ Pro Shop (A5)
- 307 Maxfield Field, Westfield Hgr (D2)
- 329 -
- 335 Actl Fire/ Crash Strn ("Crash Shack") (D2)
- 342 SEED Tribology Lab (C3)
- 480 BEQ (Cosey Hall) (C7)
- 481 BEQ (Maloney Hall) (D7)
- 484 Galley (C7)
- 485 NEX Commissary Store/ Mini-Mart (D6)
- 486 Racquetball Court (D5)
- 487 Child Care Center (C6)
- 488 Religious Center (C6)
- 489 Bowling Center (C6)
- 542 SEED/ SR/ PD/ PM/ Video Teleconferencing Center (VTC) (E9)
- 596 SR/ PD/ LS/ IS1.2.3.A (E10)

- Test Site Buildings*
- 355 PV Dept Offices (E2)
 - 359 Steam Cat TC13 MOD 0 (E2)
 - 360 Steam Cat TC13 Mod 2 (E2)
 - 361 RALS Control Tower (E1)
 - 362 Visual Info (Photo, Video, Graphics) (E2)
 - 369 M&R Site Spt Control & Electrical Shop (D2)
 - 386 TAMS Wind Meas Lab (E2)
 - 396 RSTS Recovery Site Office Track 4/5(R) (E1)
 - 405 RALS Pfr. Cat Runway (E2)
 - 410 Test Gage Shop/ Data Acq & Instr Repair Sids Shop (D2)
 - 525 Conservation Club Off & Storage (E1)
 - 550 Helo. Elevated Fixed Platform (EFP) & RAST Site (F2)
 - 551 SEED ATE & Helo Control Tower (F2)
 - 557 Jet Blast Deflector (JBD) MK-7 (E2)
 - 574 Data Acquisition Bldg (E1)
 - 583 Naval Air Propul Ctr (NAPC) Test Site (F1)



02 FEB 1994

UIC 39068
BDC LAKEHURST

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. L. JUCOVICS
NAME (Please type or print)

Commanding Officer
Title

NAVAL DENTAL CENTER NEWPORT, RI
Activity

R. L. Jucovics
Signature
1 Feb 94
Date

UIC 39068
BDC LAKEHURST

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)

R. I. Ridenour

Signature

ACTING CHIEF BUMED

Title

Date
10 FEB 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)

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene Jr

Signature

ACTING

Title

Date
16 FEB 1994

Document Separator

446

PRIMARY UIC: ~~35729~~ 3 5723

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

• Name

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

- Complete Mailing Address
Director
Branch Dental Clinic
Naval Air Station
Lemoore, CA 93246-5005

PRIMARY UIC: ~~35729~~ 35723

• PLAD: BRDENCLINIC LEMOORE CA

• PRIMARY UIC: 68409 (UNTIL SEP 96) (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): ~~35729~~ 35723 PURPOSE: DENTAL CLINIC

2. PLANT ACCOUNT HOLDER:

• Yes No (check one)

PRIMARY UIC: ~~35729~~ 35723

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

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

• Yes No (check one)

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

SEE SECTION 5 • Yes No (check one)

Primary Host is NAS Lemoore (UIC 63042) BUMED-822
[current / 1 Oct 95 / 1 Oct 01] mss, 14 Jul 94

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

• Yes No (check one)

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

Name	Location	UIC
NONE		

PRIMARY UIC: ~~35729~~ 35723

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

BRAC-93 mandated the closure of this Activity's "Command & Control" element. "Command & Control" will transfer to NDC, San Diego on 30 Sep 1996.

BUMED-822
MVA, 6 Jul 94

PRIMARY UIC: ~~35729~~ 35723

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

Projected Missions for FY 2001

- SAME AS ABOVE.

PRIMARY UIC: ~~35729~~ 35723

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

Current Unique Missions

- NONE
-
-

Projected Unique Missions for FY 2001

- NONE
-
-

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

- | | |
|------------------------------------|-------|
| • Operational name | UIC |
| Naval Dental Center, San Francisco | 68409 |
| • Funding Source | UIC |
| Naval Dental Center, San Francisco | 68409 |

PRIMARY UIC: ~~35729~~ 35723

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
• Tenants (total)			
35723 (Lemoore)	7	16	φ

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____	_____	_____
• Tenants (total)			
35723 (Lemoore)	8	16 18	0

BUMED-822
MDD, 6 Jul 94

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

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• Director			
CDR J. W. Chisum	(209) 998-4215	DSN 949-4206	(209) 582-7769
• Commanding Officer			
CAPT G. H. Graf	(415) 395-3281	DSN 475-4415	(415) 981-7107
• Administrative Officer			
LCDR A. V. Bates	(415) 395-4425	DSN 475-4415	(N/A)

PRIMARY UIC: ~~35729~~ 35723

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

PRIMARY UIC: ~~35729~~ 35723

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

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

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

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

PRIMARY UIC: ~~35729~~ 35723

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. W. Chisum
NAME (Please type or print)

J. W. Chisum
Signature

Director
Title

28 Jun 94
Date

BDC Lemoore
Activity

PRIMARY UIC: ~~35729~~ 35723

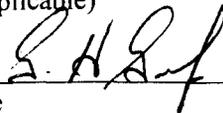
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

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

Commanding Officer
Title

Naval Dental Center, San Francisco
Activity


Signature

28 June 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

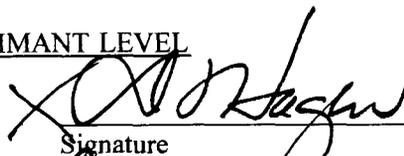
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE & SURGERY
Activity


Signature
July 6, 1994
Date

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

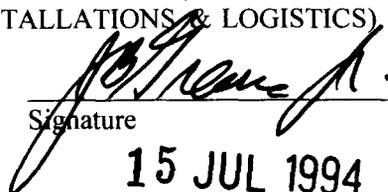
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title


Signature

15 JUL 1994
Date

446

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Lemoore
ACTIVITY UIC: 35723

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

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

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MISSION REQUIREMENTS

- | | |
|-------------------|-----|
| 1. Workload | 3,4 |
| 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	83461	384000	384000	384000	384000	384000	384000	384000	384000
UNMET	16809.50	50446.14	49304.93	52309.34	95291.04	95861.64	96013.03	96013.03	96013.03
TOTAL	100270.50	434446.14	433304.93	436309.34	479291.04	479861.64	480013.03	480013.03	480013.03

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:

Calculation based on:

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

UNMET workload (CTV) = Sum of

Class 2 Population x 4.55 = XXXX
 Class 3 Population x 9.20 = XXXX
 Class 4 Population x 4.77 = XXXX
 UNMET CTV XXXXX

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	96000	180000	180000	180000	180000	180000	72000	72000
UNMET	50446.14	49304.93	52309.34	95291.04	95866.64	96013.03	96013.03	96013.03
TOTAL	146446.14	229304.93	232309.34	275291.04	275861.64	276013.03	276013.03	276013.03

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:

Physical plant has 32 DORs.
 Staffing: (to full capacity)
 28 Dental Officers
 2 Dental Hygienist
 2 Propy Techs (Mil)

Projected UNMET CTV

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

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

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	8	28	28	28	28	28	28	28	28
PROPHY TECHNICIANS (MIL AND CIV)	0	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	1	2	2	2	2	2	2	2	2

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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

CDR J. W. CHISUM
NAME (Please type or print)

J. W. Chisum
Signature

ACTING BRANCH DIRECTOR
Title

06 JUN 94
Date

BR DEN CLINIC, NAS LEMOURE
Activity

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

MAJCLASBONLEVEL (if applicable)

George H. Graf

NAME (Please type or print)

Commanding Officer

Title

Naval Dental Center

Activity

Signature

7 June 1994

Date

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

MAJCLASBONLEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

Signature

July 15, 1994

Date

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title

Signature

7/30/94

Date

446

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Lemoore
ACTIVITY UIC: 35723

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

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

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MISSION REQUIREMENTS

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

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

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

c.) To operate assigned component dental facilities.

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

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

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

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

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VFA - 125	09485	NAS Lemoore	609
AIMD	44321	NAS Lemoore	547
NAS	63042	NAS Lemoore	361
NAVHOSP	66095	NAS Lemoore	245
VFA - 22	09561	NAS Lemoore	209
VFA - 146	09063	NAS Lemoore	200
VFA - 94	09295	NAS Lemoore	198
VFA - 97	63923	NAS Lemoore	198
VFA - 151	09558	NAS Lemoore	193
VFA - 27	65185	NAS Lemoore	187
VFA - 147	63925	NAS Lemoore	182
VFA - 113	09092	NAS Lemoore	180
VFA - 25	09637	NAS Lemoore	177
VFA - 137	55142	NAS Lemoore	173
VFA - 303	09328	NAS Lemoore	115
SEAOPD	46964	NAS Lemoore	112
NAMTRA	66060	NAS Lemoore	109
SEC DET	46254	NAS Lemoore	88
CBU - 406	66650	NAS Lemoore	52
CSFWP	09520	NAS Lemoore	49
SFWP	35185	NAS Lemoore	45
PSD	43077	NAS Lemoore	27

2. Customer Base. Continued...

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NARCEN	44280	NAS Lemoore	27
CVW - 9	09738	NAS Lemoore	26
ACOPDT	35671	NAS Lemoore	24
DENTAL	35723	NAS Lemoore	23
MATSG	06015	NAS Lemoore	21
NASOTH	32376	NAS Lemoore	20
NTCC	33218	NAS Lemoore	19
FASO	0347A	NAS Lemoore	15
NPMOD	65903	NAS Lemoore	11
FLTY	42990	NAS Lemoore	10
NLSO	35501	NAS Lemoore	8
CAAC	68116	NAS Lemoore	4
BRCOMM	63449	NAS Lemoore	4
VFA - 305	47347	NAS Lemoore	4
NAESU	31225	NAS Lemoore	2
ROICC	62474	NAS Lemoore	1
CVW - 15	46975	NAS Lemoore	1

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	4476
B. FY1993 MET WORKLOAD (CTVs)	83461
C. FY1993 UNMET WORKLOAD (CTVs)	16809.5
D. TOTAL WORKLOAD (B+C)	100270.5
E. MET WORKLOAD PER CAPITA (B÷A)	18.646
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.755
G. WORKLOAD PER CAPITA (D÷A)	22.402

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

Maximum capacity for CTVs: _____

Calculation based on:

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

UNMET Workload (CTV) = Sum of

Class 2 Population x 4.55 = xxxxx

Class 3 Population x 9.20 = xxxxx

Class 4 Population x 4.77 = xxxxx

UNMET CTV xxxxx

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	4332	4234	4492	8183	8232	8245	8245	8245
A: TOTAL MET CTVs	96000	108000	108000	132000	132000	132000	132000	132000
B: TOTAL UNMET CTVs	50446.14	49304.93	52309.34	95291.04	95861.64	96013.03	96013.03	96013.03
C: TOTAL WORKLOAD REQUIREMENT (A+B)	146446.14	157304.93	160309.34	227291.04	227861.64	228013.03	228013.03	228013.03
DENTISTS (MIL & CIV)	8	8	8	10	10	10	10	10
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	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:

Projected UNMET CTV

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

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

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

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

Projected total UNMET CTV = xxxx

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

---NOT APPLICABLE---

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	BDC Lemoore - PT Care	14600	15	Adequate

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

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

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

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



DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01JANUARY1992	UIC	35723
FACILITY	BRANCH DENTAL CLINIC, NAS, LEMOORE, CA. 93246		

PART I - DENTAL FACILITY SPACES

SPACE DESCRIPTION	QUANTITY	APPROXIMATE SIZE	REMARKS
1. CLINIC UNIT MAIN CLINIC	1	900' X 900'	BLDG 926
2. TREATMENT ROOM	4 3 3 1	10' X 11' 11' X 12' 32' X 34' 9' X 11'	RADIAL
3. STERILIZATION ROOM	1 1	9' X 16' 12' X 16'	
4. X-RAY EXPOSURE ROOM	1	11' X 13'	
5. DARKROOM	1	6' X 11'	
6. PROSTHETIC LAB	1 1	6' X 11' 16' X 18'	CERAMIC RM. MAIN LAB
7. STOREROOM/ SUPPLY ROOM	1 1	10' X 11' 16' X 20'	
8. CONFERENCE ROOM	1	16' X 19'	
9. ADMINISTRATIVE OFFICE	1 1 1	6' X 16' 10' X 16' 7' X 10'	
10. DENTAL OFFICER'S OFFICE	1	11' X 20'	

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 Macle3



11. DENTAL REPAIR SHOP	1	6' X 16'	
12. PATIENT WAITING AREA	1	25' X 30'	
13. RECORDS CONTROL OFFICE	1	11' X 14'	
14. LOCKER ROOM (MALE)	1	16' X 16'	
15. LOCKER ROOM (FEMALE)	1	15' X 16'	
16. TOILET FACILITY (MALE)	1 1 1 1	5' X 12' 9' X 11' 5' X 8' 5' X 5'	
17. TOILET FACILITY (FEMALE)	1	8' X 12'	
18. OTHER MAJOR ROOMS	1 1 1 1 1	10' X 14' 16' X 16' 9' X 10' 16' X 42' 6' X 16'	OFFICER'S LOUNGE ENL. LOUNGE RECOVERY RM. MECHANICAL RM. ELECTRICAL RM.

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070 ADEC 4000 DENTSPLY TRI-MOD ADEC MICRO-CART	2 11 1 1	A4 A5 A6 A5
2. DENTAL OPERATING CHAIR	ADEC PRIORITY 1005 DEN-TAL-EZ PL200 RELIANCE XR(X-RAY) CHAIR	4 11 1	A4 A5 A5

NAVMED 6750/4 (5-91)

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3. DENTAL OPERATING LIGHT	PELTON & CRANE LFII ADEC 6300 PELTON & CRANE LFT	12 3 1	A5 A4 A6
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ CD-210 DEN-TAL-EZ MC-202	2 1	A5 A4
5. AIR COMPRESSOR DEHYDRATOR	ROY E. HANSON 350 & 89398L (HOST PROVIDED)	2	A6
6. STERILIZER	AMSCO MEDALIST 200 (S) PELTON & CRANE MAGNA-CLAVE (S)	1 1	A6 A5
7. LIFE SUPPORT EQUIPMENT	PHYSIO-CONTROL LIFE-PAK 6 CRITICARE 506 PT. MONITOR (BELONGS TO HOSPITAL)	1 1	A5 A5
8. OTHER MAJOR EQUIPMENT	ZENITH DATA SYSTEM COMPUTER Z-100 Z-248	1 2	A4 A4

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM TICONATIC 3001C	1	A5
2. VACUUM PORCELAIN FURNACE	JELENKO HT VITA VACU-MAT 200	1 1	A6 A5
3. BURNOUT OVEN	JELENKO ACCUTHERM 250 TICONIUM SUPER OVEN	1	A5
4. OTHER PROSTHETIC EQUIPMENT			

NAVME 6750/4 (5-91)

*940711
 (REVISED)*



DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT		01JANUARY1992	UIC	35723
FACILITY		DPS ANNEX, BDC, NAS, LEMOORE, CA. 93246		
PART I - DENTAL FACILITY SPACES				
SPACE DESCRIPTION	QUANTITY	APPROXIMATE SIZE	REMARKS	
1. CLINIC UNIT DPS ANNEX	1	60' X 60'	BLDG B	
2. TREATMENT ROOM	2 1 1	10' X 11' 10' X 12' 9' X 11'		
3. STERILIZATION ROOM				
4. X-RAY EXPOSURE ROOM	1	6' X 10'		
5. DARKROOM				
6. PROSTHETIC LAB				
7. STOREROOM/ SUPPLY ROOM				
8. CONFERENCE ROOM				
9. ADMINISTRATIVE OFFICE				
10. DENTAL OFFICER'S OFFICE				

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Wiley
Wiley



11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA			
13. RECORDS CONTROL OFFICE	1	8' X 9'	
14. LOCKER ROOM (MALE)			SEE PART IV
15. LOCKER ROOM (FEMALE)			SEE PART IV
16. TOILET FACILITY (MALE)			SEE PART IV
17. TOILET FACILITY (FEMALE)			SEE PART IV
18. OTHER MAJOR ROOMS	NONE		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	1	A4
	ADEC 4000	2	A5
2. DENTAL OPERATING CHAIR	DEN-TAL-EZ PL200	1	A5
	ADEC PRIORITY 1005	3	A4
	RELIANCE 880 (X-RAY)CHAIR	1	A5

NAVMED 6750/4 (5-91)

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3. DENTAL OPERATING LIGHT	PELTON & CRANE LF11	4	A5
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ MC-202	1	A5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AIRSTAR 5	1	A5
6. STERILIZER	PELTON & CRANE OCM (S) OCR (S)	1 1	A5 A5
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 (5-91)

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[Signature]



SECTION C - DENTAL X-RAY EQUIPMENT														
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE	RADIATION SURVEY										
1. STATIONARY INTRA-ORAL	S.S. WHITE MARKSMAN IIB OCT82	1	A5	AUG89										
2. MOBILE INTRA-ORAL														
3. PANORAMIC														
4. CEPHALOMETRIC														
5. FILM PROCESSOR	AIR TECHNIQUES PERI-PRO 9000DL	1	A5	<table border="1" style="width: 100px; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										

PART III - UTILITIES

1. ELECTRIC CURRENT:		a. VOLTAGE		120	b. CYCLE		60	
2. GAS:	<input checked="" type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	BOTTLE	<input type="checkbox"/>	ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

PART 1.
 14-17 OFFICERS AND TECHS UTILIZE ONE OF THE OPERATORIES, BECAUSE THERE IS NO OTHER SPACE AVAILABLE FOR LOCKERS.
 DENTAL STAFF UTILIZES MEDICAL'S TOILET FACILITIES, BECAUSE THERE IS NO DENTAL TOILET IN THE ANNEX.

DATE 01JANUARY1992	TYPED NAME AND GRADE W. S. HWANG, CAPT, DC, USN	SIGNATURE <i>[Handwritten Signature]</i>
-----------------------	--	---

NAVMED 6750/4 (5-91)

*940711
 [Handwritten initials]
 11/1/92*

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

LOCATION

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

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

Easy access. The clinic is located centrally on the dry side of the base. It is about 5 miles to the clinic from the piers.

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

Airport - Buchanan Airport, Concord - 3 miles.
Rail - Bay Area Rapid Transit (BART) - miles; Freight Rail - on facility.
Sea - Port Chicago - 2 miles.
Ground - Adjacent to major freeway.

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

Close proximity to both military and commercial transportation.

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

10 to 30 minutes.

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

Location and easy access make working at the Weapons Station more desirable.

FEATURES AND CAPABILITIES

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

There are not Dental Services available locally to substitute. Operational Readiness would decline.

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.

Emergency Dental support could be locally contracted out.

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

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

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

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

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

---NO STAFF ARE CURRENTLY ASSIGNED---

13. Quality of Life.

---PLEASE REFER TO NAS LEMOORE 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?

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

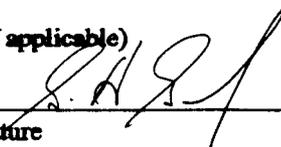
J. S. ROBBINS, CDR, DC, USN
NAME (Please type or print)
BRANCH CLINIC DIRECTOR (ACTING)
Title
BRDENCLINIC NAS LEMOORE
Activity


Signature
21 JUNE 94
Date

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

NEXT ECHELON LEVEL (if applicable)

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


Signature
5 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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


Signature
July 15, 1994
Date

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

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

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

Title


Signature
8/13/94
Date

1442

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name: BRANCH DENTAL CLINIC, LEMOORE

UIC: 035723

Host Activity Name (if response is for a tenant activity): Naval Air Station, Lemoore

Host Activity UIC: 63042

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

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Activity Name: BRANCH DENTAL CLINIC, LEMOORE UIC: 035723

Category	FY 1996 BOS Costs (\$000)		Total
	Non-Labor	Labor	
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	1.2	1.8	3.0
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	1.2	1.8	3.0
2. Other Base Operating Support Costs:			
2a. Utilities	45.5		45.5
2b. Transportation	2.6		2.6
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:	48.1		48.1
3. Grand Total (sum of 1c. and 2k.):	49.3	1800	51.1

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

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

UIC:

Category	FY 1996 Net Cost From UC/FUND- 4 (\$000)		Total
	Non-Labor	Labor	
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

**DATA CALL 66
INSTALLATION RESOURCES**

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, UIC: 035723
LEMOORE

Cost Category	FY 1996 Projected Costs (\$000)
Travel:	5.6

**DATA CALL 66
INSTALLATION RESOURCES**

Material and Supplies (including equipment):	43.0
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	2.6
Other Purchases (Contract support, etc.):	N/A
Total:	51.2

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

N/A

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

N/A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

Patrick E. Taylor

NAME (Please type or print)

Director, Branch Dental Clinic

Title

NAS Lemoore

Activity

P. Taylor
Signature

14 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

Ronald F. Harring
NAME (Please type or print)
Commanding Officer (Acting)
Title
Naval Dental Center
Activity

R. Harring
Signature
14 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Title

Activity

Signature

Date

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

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

NAME (Please type or print)

Title

Signature

Date

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

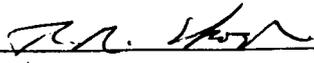
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity



Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity



Signature

8-2-94

Date

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)
W. A. EARNER

NAME (Please type or print)

Title



Signature

8/30/94

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>BRANCH DENTAL CLINIC, MAYPORT, FL</i>
Acronym(s) used in correspondence	<i>BRDENCLINIC MAYPORT</i>
Commonly accepted short title(s)	<i>BDC MAYPORT</i>

- Complete Mailing Address
Branch Dental Clinic

MAYPORT, FL

- PLAD

- PRIMARY UIC: 39078 (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 (check one)

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

• Yes No (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 (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

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____ 0 _{GSA} _____	_____ 0 _{GSA} _____	_____ 0 _{GSA} _____
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	_____ 0 _{GSA} _____	_____ 0 _{GSA} _____	_____ 0 _{GSA} _____
• 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.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• 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

447

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, MAYPORT, FLORIDA
ACTIVITY UIC: 68444 39078

800000
M67-825
65A
6114/94

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

MISSION REQUIREMENTS

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	268160	268160	268160	268160	268160	268160	268160	268160	268160
UNMET	64765	59286	58046	58320	58320	58320	58320	58320	58320
TOTAL	332925	327446	326206	326524	324480	324480	324480	324480	324480

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.

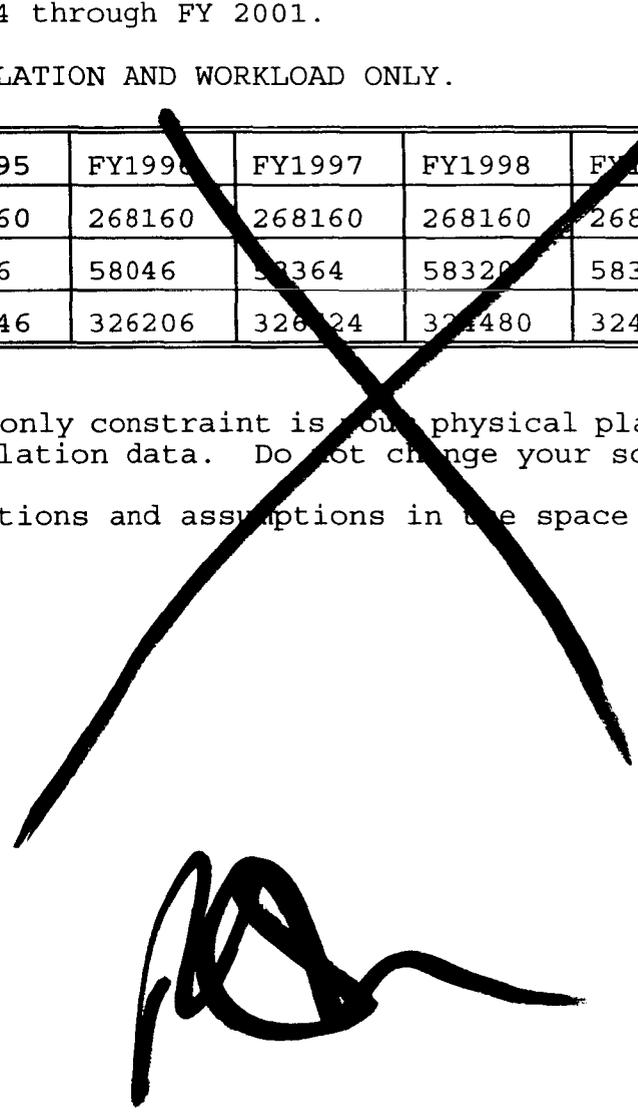
1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	268160	268160	268160	268160	268160	268160	268160	268160
UNMET	64765	59286	58046	58364	58320	58320	58320	58320
TOTAL	332925	327446	326206	326524	326480	326480	326480	326480

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	204967	204967	204967	204967	204967	204967	204967	204967
UNMET	59286	58046	58364	58320	58320	58320	58320	58320
TOTAL	264253	263013	263331	263287	263287	263287	263287	263287

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.

Sept 28
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mm/pat

4

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	12	12	12	12	12	12	12	12	12
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	03	03	03	03	03	03	03	03	03

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	204967	204957	204967	204967	204967	204957	204957	204967	204967
UNMET	64765	59285	58046	58364	58320	58320	58320	58320	58320
TOTAL	269732	264253	263013	263331	263287	263287	263287	263287	263287

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.

9/10/04
11/30/03
[Signature]

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BRACY
NDC
MYPONT

BDC MAYPORT

UNPAID RATE 2.9% (NO SHOW)

FY93	9972	20704	SEP93	9972	2195
	9973	12219		9973	968
		32923			3163

YR	32923	10.40878
MONTH	3163	

* TOTAL WORKLOAD (CW's) BASED ON DRS DATA

ACTIVE DUTY VISITS	NAVY	MARINE	OTHER	TOTAL
9972	2046	17	13	2076
9973	902	5	4	911
TOTALS	2948	22	17	2987

AD VISITS	x	RATIO
2987		10.40878
		31091.05

DEP OF ACTIVE DUTY	x	RATIO
9972		84
9973		35
TOTAL		119
		10.40878
		1238.64590

RETIRED	x	RATIO
9972		25
9973		19
TOTAL		44
		10.40878
		457.986721

OTHER

SEPT TOTALS	x	RATIO
9972		4
9973		0
TOTAL		4
		10.40878
		41.6351564

DEP OF RET	x	RATIO
9972		6
9973		3

TOTAL 9 10.40878 93.6791021

 RAPS ACTIVE DUTY DATA

FY 94	FY95	FY96	FY97	FY98	FY99	FY00	FY01
13246	12969	13040	13030	13030	13030	13030	13030
FY 93	14470						

FY 93	PROCEDURE	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
CLASS 1	434						
CLASS 2	1645	0.595798	14470	8621.206	4.55	39226.4876	
CLASS 3	364	0.131836	14470	1907.671	9.22	17588.7278	
CLASS 4	318	0.115175	14470	1666.591	4.77	7949.64295	
TOTAL	2761					64764.8584	

FY 94	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV
	0.595798	13246	7891.948	4.55	35908.36	
	0.131836	13246	1746.303	9.22	16100.91	
	0.115175	13246	1525.616	4.77	7277.192	
TOTAL					59286.47	

FY 95	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
	0.595798	12969	7726.912	4.55	35157.45	
	0.131836	12969	1709.784	9.22	15764.21	
	0.115175	12969	1493.713	4.77	7125.011	
TOTAL					58046.67	

FY 96	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
	0.595798	13040	7769.214	4.55	35349.92	
	0.131836	13040	1719.145	9.22	15850.51	
	0.115175	13040	1501.890	4.77	7164.018	
TOTAL					58364.46	

FY 97	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
	0.595798	13030	7763.256	4.55	35322.81	
	0.131836	13030	1717.826	9.22	15838.36	
	0.115175	13030	1500.738	4.77	7158.524	
TOTAL					58319.70	

*FY 98/01 SAME

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

C. B. Horton

NAME (Please type or print)

Signature

COMMANDING OFFICER

31 May 84

Title

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)

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)

R. R. Sareeram
Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

447

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, MAYPORT, FL
ACTIVITY UIC: 68444 39070

DUMED
MED825
GSA
6/14/94

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 satisfy all dental needs of the active duty personnel in the area and to render emergency and standby space-available dental care to dependents, retirees, and any other 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	32779	NS MAYPORT	1187
HSL 40	53912	NS MAYPORT	295
HSL 44 LAMPS	55147	NS MAYPORT	219
HSL 42 LAMPS	55145	NS MAYPORT	217
HSL 46 LAMPS	55149	NS MAYPORT	217
HSL 48 LAMPS	55151	NS MAYPORT	217
FLTRACENT	10151	NS MAYPORT	97
BRMEDCLINIC	32575	NS MAYPORT	89
CRAW CRAG HSL 40 STUDENTS	43568	NS MAYPORT	85
FLTECHSUPCEN ATL DET	31147	NS MAYPORT	69
HSL 42	53913	NS MAYPORT	56
HSL 46	53916	NS MAYPORT	56
HSL 48	53918	NS MAYPORT	56
HSL 44	53975	NS MAYPORT	56
NAMTRAGRULANT DET	66069	NS MAYPORT	50
CBU-420	55162	NS MAYPORT	41
PSD	42979	NS MAYPORT	36
COMHELWING 1	55212	NS MAYPORT	33
SURFLANT READSUPPSGRU	35323	NS MAYPORT	31
AFLOAT TRAGRULANT ETG	43501	NS MAYPORT	23
NAVCOMSTA DET	68734	NS MAYPORT	19
AEGIS TRASUPGRU	35305	NS MAYPORT	18
PERF.MON. TEAM	46506	NS MAYPORT	18

NLSO MYPT	39292	NS MAYPORT	16
SUPSHIP JAX	62670	NS MAYPORT	16
FASO DEP MYPT	09335	NS MAYPORT	12
COMBAT SYS TRNG GRULANT	45046	NS MAYPORT	11
NAVINDUSSUPCEN	43649	NS MAYPORT	10
NAVOCEANCOM DET	65775	NS MAYPORT	10
DECA	49030	NS MAYPORT	09
ROICC	44226	NS MAYPORT	07
NAVY FOOD MGT TEAM MYPT	31226	NS MAYPORT	06
EOD GRP 2 DET	42038	NS MAYPORT	05
SURFORCE CHAPLAINS CENT	43538	NS MAYPORT	04
CREDO	48324	NS MAYPORT	04
NCIS	42933	NS MAYPORT	03
NAESU MYPT DET	30340	NS MAYPORT	01
NEX BRANCH MYPT	30792	NS MAYPORT	01
SE JUDCIRBOFF MYPT	44397	NS MAYPORT	01
NSSAFAT NAVY RESALE & SVC	68149	NS MAYPORT	01
PWC JAX/MYPT	SYB314	NS MAYPORT	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	14470
B. FY1993 MET WORKLOAD (CTVs)	268160
C. FY1993 UNMET WORKLOAD (CTVs)	64765
D. TOTAL WORKLOAD (B+C)	332925
E. MET WORKLOAD PER CAPITA (B+A)	18.53
F. UNMET WORKLOAD PER CAPITA (C+A)	4.48
G. WORKLOAD PER CAPITA (D+A)	23.01

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

Maximum capacity for CTVs: 273,523

Explanation: CTV met workload reflects active duty population only. 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	14470
B. FY1993 MET WORKLOAD (CTVs)	204967
C. FY1993 UNMET WORKLOAD (CTVs)	64765
D. TOTAL WORKLOAD (B+C)	269732
E. MET WORKLOAD PER CAPITA (B+A)	14.16
F. UNMET WORKLOAD PER CAPITA (C+A)	4.48
G. WORKLOAD PER CAPITA (D+A)	18.64

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

Maximum capacity for CTVs: 210091

Explanation: CTV workload does not reflect 2.5% no show rate

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	13246	12963	13040	13030	13030	13030	13030	13030
A: TOTAL MET CTVs	26816 0							
B: TOTAL UNMET CTVs	59286	58046	58364	58320	58320	58320	58320	58320
C: TOTAL WORKLOAD REQUIREMENT (A+B)	32744 6	32652 4	32448 8	32448 0	32448 0	32448 0	32448 0	32448 0
DENTISTS (MIL AND CIV)	12	12	12	12	12	12	12	12
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	03	03	03	03	03	03	03	03

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

Maximum capacity for CTVs: 273523

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

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.

NCTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	13246	12969	13040	13030	13030	13030	13030	13030
A: TOTAL MET CTVs	20496 7							
B: TOTAL UNMET CTVs	59286	58046	58364	58320	58320	58320	58320	58320
C: TOTAL WORKLOAD REQUIREMENT (A+B)	26425 3	26301 3	26333 1	26328 7	26328 7	26328 7	26328 7	26328 7
DENTISTS (MIL AND CIV)	12	12	12	12	12	12	12	12
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	03	03	03	03	03	03	03	03

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

Maximum capacity for CTVs: 210091

Explanation: Maximum CTV's don't reflect 2.5% no show rate.

APR 24
NDC
08/14/94

APR 24
NDC
08/14/94

BDC MAYPORT

FY93	9972	20704	SEP93	9972	2195
	9973	12219		9973	968
		32923			3163

YR	32923	10.40878
MONTH	3163	

UNFIXED RATE 2.4%
(Monthly)
+ TOTAL WORKLOAD
BASED ON (CTU'S)
DUAL DATA

ACTIVE DUTY VISITS	NAVY	MARINE	OTHER	TOTAL
9972	2046	17	13	2076
9973	902	5	4	911
TOTALS	2948	22	17	2987

AD VISITS	x	RATIO
2987		10.40878
		31091.05

DEP OF ACTIVE DUTY	X	RATIO
9972	84	
9973	35	
TOTAL	119	10.40878
		1238.64590

RETIRED	X	RATIO
9972	25	
9973	19	
TOTAL	44	10.40878
		457.986721

OTHER		
SEPT TOTALS	X	RATIO
9972	4	10.40878
9973	0	
TOTAL	4	10.40878
		41.6351564

DEP OF RET	X	RATIO
9972	6	
9973	3	
TOTAL	9	10.40878
		93.6791021

RAPS ACTIVE DUTY DATA

FY 94	FY95	FY96	FY97	FY98	FY99	FY00	FY01
13246	12969	13040	13030	13030	13030	13030	13030
FY 93	14470						

FY 93	PROCEDURE	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
CLASS 1	434						
CLASS 2	1645	0.595798	14470	8621.206	4.55	39226.4876	
CLASS 3	364	0.131836	14470	1907.671	9.22	17588.7278	
CLASS 4	318	0.115175	14470	1666.591	4.77	7949.64295	
TOTAL	2761					64764.8584	

FY 94	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV
	0.595798	13246	7891.948	4.55	35908.36	
	0.131836	13246	1746.303	9.22	16100.91	
	0.115175	13246	1525.616	4.77	7277.192	

TOTAL 59286.47

FY 95	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
	0.595798	12969	7726.912	4.55	35157.45	
	0.131836	12969	1709.784	9.22	15764.21	
	0.115175	12969	1493.713	4.77	7125.011	

TOTAL 58046.67

FY 96	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
	0.595798	13040	7769.214	4.55	35349.92	
	0.131836	13040	1719.145	9.22	15850.51	
	0.115175	13040	1501.890	4.77	7164.018	

TOTAL 58364.46

FY 97	PERCENT RAPS	TOTAL	WTD	CTVS	UNMET	CTV'S
	0.595798	13030	7763.256	4.55	35322.81	
	0.131836	13030	1717.826	9.22	15838.36	
	0.115175	13030	1500.738	4.77	7158.524	

TOTAL 58319.70

*FY 98/01 SAME

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	BDC MAYPORT	17,590	22 (1994)	

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

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

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

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

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 January 1994	UIC	68444
FACILITY	Branch Dental Clinic, Bldg. 1363 NAVSTA, Mayport, FL 32228-0104		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BDC, Mayport	1	75' X 135' 10,125 SQ FT	Bldg. 1363
2. DENTAL TREATMENT ROOM	19 2	10' X 11' 8' X 9'	1 Not Equipped
3. STERILIZATION ROOM	1	12' X 36'	
4. X-RAY EXPOSURE ROOM	1	12' X 15'	
5. DARKROOM	2	7' X 17'	1 Not Equipped
6. PROSTHETIC LAB	1	12' X 31'	Poor temperature/ humidity control
7. STOREROOM/ SUPPLY ROOM	1 1 1	10' X 18' 12' X 18' 4' X 18'	
8. CONFERENCE ROOM	1	16' X 19'	
9. ADMINISTRATIVE OFFICE	1	11' X 21'	
10. DENTAL OFFICER'S OFFICE	1	11' X 13'	

11. DENTAL REPAIR SHOP	0	N/A	
12. PATIENT WAITING AREA	1	80' X 120'	
13. RECORDS CONTROL OFFICE	1	9' X 24'	
14. LOCKER ROOM (MALE)	2	9' X 12'	
15. LOCKER ROOM (FEMALE)	1	12' X 12'	
16. TOILET FACILITY (MALE)	1	5' X 10' 4' X 6'	
17. TOILET FACILITY (FEMALE)	1	5' X 10'	
18. OTHER MAJOR ROOMS General Offices	6	11' X 12'	

PART II - DENTAL EQUIPMENT

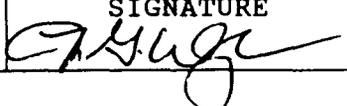
SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2080	2	A-4
	ADEC 2080	15	A-5
	DENTAL EZ CMU/4	3	A-6
2. DENTAL OPERATING CHAIR	ADEC 1005	15/2	A-5/A-4
	DENTAL EZ PL 200	3	A-6
	RITTER/F SURGICAL TABLE	1	A-6

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	2	A-4
	ADEC 6300	15	A-5
	PELTON CRANE LF II	5	A-6
4. CENTRAL VACUUM SYSTEM	DENTAL EZ CD 210	2	A-5
	DENTAL EZ MC 201	1	A-6
5. AIR COMPRESSOR DEHYDRATOR	AIR COMPRESSOR PRODUCTS ACP-OLP-512D3	1	A-5
6. STERILIZER	CASTLE M/C 3533 (STEAM)	1	A-5
	PELTON CRANE MAGNA CLAVE (STEAM)	1	A-5
7. LIFE SUPPORT EQUIPMENT	PHYSIO CONTROL LIFE PAK 7	1	A-5
8. OTHER MAJOR EQUIPMENT	MDT BIOLOGICAL RINSER/ DRYER 7946	1	A-5
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM MINICAST 3600	1	A-5
2. VACUUM PORCELAIN FURNACE	UNITEC 25-037-01	1	A-5
	NEY MARK III	1	A-5
3. BURNOUT OVEN	JELENKO ACCU-THERM II 1000	1	A-5
	JELENKO ACCU-THERM 150	1	A-5
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	KEYSTONE 2491-2000Y GENERAL ELECTRIC GE-1000	1 2	A-5 A-5	5 AUG 93
2. MOBILE INTRA-ORAL				
3. PANORAMIC	MIDWEST PANORAL	1	A-5	5 AUG 93
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECH. AT2000 GENDEX 110-0096G1	1	A-5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC <input checked="" type="checkbox"/> DC <input type="checkbox"/>		a. VOLTAGE: 110		b. CYCLE: 60
2. GAS:	NATURAL <input type="checkbox"/>	COMMERCIAL <input checked="" type="checkbox"/>	BOTTLE <input type="checkbox"/>	ACETYLENE <input type="checkbox"/>
PART IV - REMARKS AND RECOMMENDATIONS				
<p><u>PART I, LINE 2, 3, & 13:</u> PLANNED PROJECT - ENLARGEMENT OF CSR AND FRONT DESK, ADDITION OF 2 DENTRAL TREATMENT ROOMS FUNDED AND COMPLETED.</p> <p><u>PART I, LINE 7 & 14:</u> PLANNED/PROPOSED PROJECT - CONVERSION OF MALE LOCKER ROOM TO SUPPLY SPACE AND SUPPLY SPACE TO MALE LOCKER ROOM.</p> <p><u>PART II, SECTION A, LINE 2 (CONT):</u> RELIANCE 5000 X-RAY CHAIR, QUANTITY 1, CONDITION CODE A-5.</p> <p><u>PART II, SECTION A, LINE 8:</u> PLANNED/PROPOSED PPROJECT - UPGRADE TELEPHONE SYSTEM.</p>				
DATE 1 JANUARY 1994	TYPED NAME AND GRADE T. G. WRIGHT, CAPT, DC, USN		SIGNATURE 	

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	1992	60K

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 53K sq ft. medical/dental clinic	1998	9.9M

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.

- Current facility is inadequate, not only for the needs of the patients, but also for the needs of the staff. The existing facility is also inadequate in terms of future scheduled growth of the fleet homeported there.

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?

Excellent location on base. Clinic is centrally located to meet customers needs.

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

Air: Air strip on station.

Jacksonville International - 55 minutes.

Rail: Amtrack - 60 minutes.

Sea: Port of Jacksonville - 20 minutes.

Ground: I-95 - 10 miles.

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

Base is located approximately 60 minutes away from primary mobilization points.

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

5 - 30 minutes.

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

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, as well as other eligible beneficiaries would be required to travel out of the area. Other bases in the area are over one hour away. This would impact 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 be required to travel out of the area. Other bases in the area are over one hour away. This would impact 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		04
FLEET HOSPITAL 15		01
FLEET HOSPITAL 04		02
1ST MARINE BRIGADE, KANEHOE		03

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, NS MAYPORT, FL, UIC 60201,
UNDER DATA CALLS # 37 & 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+		

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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



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

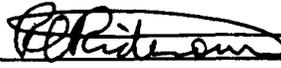
Date

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)

x 
Signature

ACTING CHIEF BUMED
Title

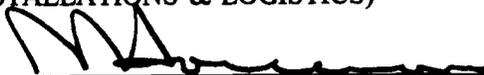
17.6 JUN 1994
Date

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

20 JUN 1994
Date

11/19

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: NAVAL DENTAL CLINIC, MAYPORT, FL.

UIC: 39078

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

Host Activity UIC: 60201

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, MAYPORT, FL **UIC:** 39078

Category	FY 1996 BOS Costs (\$000)		Total
	Non-Labor	Labor	
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	11		11
1b. Minor Construction	n/a		
1c. Sub-total 1a. and 1b.	11		11
2. Other Base Operating Support Costs:			
2a. Utilities	30		30
2b. Transportation	n/a		
2c. Environmental	n/a		
2d. Facility Leases	n/a		
2e. Morale, Welfare & Recreation	n/a		
2f. Bachelor Quarters	n/a		
2g. Child Care Centers	n/a		
2h. Family Service Centers	n/a		
2i. Administration	n/a		
2j. Other (Specify)	n/a		
2k. Sub-total 2a. through 2j:	30		30

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.): 41

NOTE: M.O.U. with Naval Hospital Jacksonville, Fl. provides the following services to Naval Dental Clinic, Mayport at no cost:

Laundry Services (contract)
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 BUMED
MED-825
GSA
81494

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, MAYPORT, FL. **UIC:** 39078
FY 1996

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

**DATA CALL 66
INSTALLATION RESOURCES**

- 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, MAYPORT, FL	UIC: 39078
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	16
Material and Supplies (including equipment):	111
Industrial Fund Purchases (other DBOF purchases):	n/a
Transportation:	n/a

**DATA CALL 66
INSTALLATION RESOURCES**

Other Purchases (Contract support, etc.):	129
Total:	256

**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, MAYPORT, FL.	UIC: 39078
	FY 1996 Estimated Number of Workyears On-Base
Contract Type	
Construction:	n/a
Facilities Support:	n/a
Mission Support:	3
Procurement:	n/a
Other:*	n/a
Total Workyears:	3

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

Mission Support: 3 Personal Services Contracts (1 Dentist, 2 Hygienists)

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)):

3

2) Estimated number of workyears which would be eliminated:

0 VR SUMER 824 7/29/94

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 VR SUMER 824 7/29/94

**DATA CALL 66
INSTALLATION RESOURCES**

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

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.)

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)

JAMES L. AYERS
NAME (Please type or print)
COMPTRROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
18 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
7-18-94
Date

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)
ACTING CHIEF BUMED
Title
BUREAU OF MEDICINE AND SURGERY
Activity

[Signature]
Signature
AUG 4 1994
Date

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

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

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

[Signature]
Signature
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)


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.

Connie A. Robbs

NAME (Please type or print)

Budget Analyst

Title

Finance

Division

Budget

Department

Naval Dental Center, Jacksonville, Fl.

Activity

Connie A. Robbs

Signature

13 Jul 1994

Date

Document Separator

448

CAPACITY ANALYSIS:

DATA CALL WORK SHEET FOR

DENTAL FACILITY: BRANCH DENTAL CLINIC, MARINE CORPS AIR STATION, BEAUFORT SC

ACTIVITY UIC: 35758

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing5

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	69042	72006	72006	72006	72006	72006	72006	72006	72006
UNMET	0	3099	206434	198698	202265	202488	202488	202488	202488
TOTAL	69042	75105	278440	270704	274271	274494	274494	274494	274494

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:

- A. FY93 CTV total (MET WORKLOAD) = 57,485
- B. FY93 Avg FTEs onboard = 4.79
- C. FY93 Avg Annual CTV per FTE (A/B) = 12,001.044
- D. FY93 ACDU population = 3,097
- E. FY93 UNMET Workload (CTVs) = 11,556.56
- F. Total Workload (A+E) = 69,041.56
- G. Per Capita Workload (F/D) = 22.293
- H. BA for Dentist = 6
- I. Max Workload possible (HxC) = 72,006.264

TO DETERMINE MET AND UNMET WORKLOAD FOR FY 94-2001, USING FY 93 AS A BASELINE, MULTIPLY THE POPULATION PROJECTION BY THE PER CAPITA WORKLOAD FACTOR TO DETERMINE TOTAL WORKLOAD REQUIRED. SUBTRACT MAX POSSIBLE WORKLOAD FROM THAT FIGURE TO DETERMINE UNMET WORKLOAD.

POPULATION DATA

FY93	FY94	FY95	FY96	FY97	FY98	FY99	FY2000	FY2001
3,097	3,369	12,490	12,143	12,303	12,311	12,313	12,313	12,313

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	75105	278440	270704	274271	274494	274494	274494	274494
UNMET	0	0	0	0	0	0	0	0
TOTAL	75105	278440	270704	274271	274494	274494	274494	2744494

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:

POPULATION DATA								
FY93	FY94	FY95	FY96	FY97	FY98	FY99	FY2000	FY2001
3,097	3,369	12,490	12,143	12,303	12,311	12,313	12,313	12,313

- A. FY93 CTV total (MET WORKLOAD) = 57,485
- B. FY93 Avg FTEs onboard = 4.79
- C. FY93 Avg Annual CTV per FTE (A/B) = 12,001.044
- D. FY93 ACUDU population = 3,097
- E. FY93 UNMET Workload (CTVs) = 11,556.56
- F. Total Workload (A+E) = 69,041.56
- G. Per Capita Workload (F/D) = 22.293
- H. BA for Dentist = 6
- I. Max Workload possible (HxC) = 72,006.264

USING THE LARGEST POPULATION PROJECTION (FY95), MULTIPLY TOTAL POPULATION BY PER CAPITA WORKLOAD FACTOR. DIVIDE TOTAL WORKLOAD BY AVERAGE ANNUAL WORKLOAD PER PROVIDER TO DETERMINE NUMBER OF PROVIDERS NEEDED TO ACCOMPLISH WORKLOAD.

FY 95 POP	12490
PER CAPITA WORKLOAD	<u>x 22.293</u>
TOTAL WORKLOAD	278439.57/12001.044= 23.201

USING THE ABOVE CALCULATION WE WOULD NEED A TOTAL OF 24 PROVIDERS TO MET ALL NEED. OUR PLANT HAS 17 OPERATORIES AND WOULD SUPPORT 17 PROVIDERS. THE ANNUAL WORK LOAD FOR 17 PROVIDERS WOULD BE 204,024 (17 x C). IF THIS FIGURE IS GREATER THAN THE FY TOTAL CTV'S, THEN THE TOTAL PRODUCTION IS THE MET CTV'S. IF THIS FIGURE IS LESS THAN THE FY TOTAL CTV'S THEN IT WILL BE THE MET CTV'S AND THE DIFFERENCE WILL BE UNMET NEEDS. IT IS ASSUMED THAT THE AVERAGE ANNUAL FTE'S IS 17.

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

PROVIDER BY TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	6	6	6	6	6	6	6	6
PROPHY TECHNICIANS (MIL AND CIV)	15 / 1							
DENTAL HYGIENISTS (MIL AND CIV)	1	2	2	2	2	2	2	2

940608
 MAC 63


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. A. DRAUDE
NAME (Please type or print)
COMMANDING OFFICER
Title
NAVAL DENTAL CENTER, PARRIS ISLAND, SC
Activity

J. A. Draude
Signature
27 MAY 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

6-9-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

J. B. Greene, Jr.

Signature

ACTING

Title

6/20/94

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

35758
65A

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

- Name

Official name	<i>Branch Dental Clinic, MCAS, Beaufort, SC</i>
Acronym(s) used in correspondence	<i>BRDENCL, BEAUFORT, SC; BDC MCAS BEAUFORT, SC; BRDENCL MCAS BEAUFORT SC</i>
Commonly accepted short title(s)	<i>BRDENCL MCAS BEAUFORT SC</i>

- Complete Mailing Address

Commanding Officer
Naval Dental Center
MCRD
Box 19701
Parris Island, SC 29905-9701

- PLAD

NAVDENCEN PARRIS ISLAND SC

- PRIMARY UIC: 35758 (Plant Account UIC for Plant Account

Holders)

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

- ALL OTHER UIC(s): None PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ 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: 60169
- Primary Host (as of 01 Oct 1995) UIC: 60169
- Primary Host (as of 01 Oct 2001) UIC: 60169

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

• Yes _____ No X _____ (check one)

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

Name	Location	UIC
NONE		

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

Name	UIC	Location	Host name	Host UIC
NONE				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative. No.

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

- Directs, plans, coordinates, implements and evaluates the delivery of dental care within the Branch Dental Clinic, MCAS in order to achieve maximum operational dental readiness for Air station and Fleet Marine Force tenant commands.
- Provide dental care for dependent children where authorized. Treatment shall include diagnosis, relief of pain, restoration and interceptive orthodontic care of deciduous and permanent teeth as required for function and esthetics.
- Serve as principle advisor to CO, MCAS, for all dental matters.
-
-
-

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

- NONE
-
-

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

• Operational name	UIC
<u>Commanding Officer, Naval Dental</u>	<u>68411</u>
<u>Center, Parris Island, SC</u>	

• Funding Source	UIC
<u>Commanding Officer, Naval Dental</u>	<u>68411</u>
<u>Center, Parris Island, SC</u>	

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		14	1
Contracted			1
• Tenants (total)	NA		

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	✓ O GSA	✓ O GSA	✓ O GSA
Contracted			1
• Tenants (total)	NA		

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO			
J. A. DRAUDE, CAPT, DC, USN	(803)525-2639	(803)525-2693	(803)525-4628
• XO			
W. B. DURM, CAPT, DC, USN	(803)525-2602	(803)525-2693	(803)525-2849
• Director, Branch Dental Clinic, MCAS, Beaufort SC			
W.W. MILLER III, CDR, DC, USN	(803)522-7763	(803)522-6145	(803)525-4877
• Director for Administration			
M.C. LEORZA, LCDR, MSC, USN	(803)525-2388	(803)525-2693	(803)525-4650

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

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

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

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

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

W. B. DURM, CAPT, DC, USN
NAME (Please type or print)

W. B. Durm
Signature

Acting
Title

3 Feb 94
Date

NAVAL DENTAL CENTER, PARRIS ISLAND SC
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Donald Hagen

Signature

SURGEON GENERAL/CHIEF BUMED _____
Title

2-9-94

Date

BUREAU OF MEDICINE & SURGERY _____
Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene, Jr

Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

448

MILITARY VALUE ANALYSIS:

DATA CALL WORK SHEET FOR

**DENTAL FACILITY: BRANCH DENTAL CLINIC, MARINE CORPS AIR STATION,
BEAUFORT, SC**

ACTIVITY UIC:35758

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.

- Directs, plans, coordinates, implements and evaluates the delivery of dental care within the Branch Dental Clinic, MCAS in order to achieve maximum operational dental readiness for Air station and Fleet Marine Force tenant commands.
- Provide dental care for dependent children where authorized. Treatment shall include diagnosis, relief of pain, restoration and interceptive orthodontic care of deciduous and permanent teeth as required for function and esthetics.
- Serve as principle advisor to CO, MCAS, for all dental matters.

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)
MAG-31/MALS-31	M01086	MCAS BEAUFORT SC	688
MWSS-273	M00273	MCAS BEAUFORT SC	596
NAVHOSP BEAUFORT SC	N61337	BEAUFORT SC	428
MCAS BEAUFORT SC	M02031	MCAS BEAUFORT SC	371
MACS-2	M00972	MCAS BEAUFORT SC	216
VMFA(AW)553	M01533	MCAS BEAUFORT SC	179
VMFA(AW)224	M01224	MCAS BEAUFORT SC	177
VMFA(AW)332	M01332	MCAS BEAUFORT SC	177
VMFA-115	M01115	MCAS BEAUFORT SC	142
VMFA-251	M01251	MCAS BEAUFORT SC	142
VMFA-312	M01312	MCAS BEAUFORT SC	142
VMFA-451	M01451	MCAS BEAUFORT SC	142
VFMA-122	M01122	MCAS BEAUFORT SC	141
CSSD-23	M27140	MCAS BEAUFORT SC	91
PSD BEAUFORT SC	N43353	BEAUFORT SC	9
BEAUFORT IMA DET	N88841	MCAS BEAUFORT SC	9
12TH DENT CO	N41629	MCAS BEAUFORT SC	7
DEPMEDS NH BEAUFORT SC	N46877	BEAUFORT SC	5
MC BR	N45118	BEAUFORT SC	2
NAESU	N33203	MCAS BEAUFORT SC	2
NAVY EXCHANGE DET	N30347	BEAUFORT SC	1
INSERVTRNG	N31025	BEAUFORT SC	1
EEAP #2 USC	N48437	BEAUFORT SC	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	3097
B. FY1993 MET WORKLOAD (CTVs)	57485
C. FY1993 UNMET WORKLOAD (CTVs)	11556.56
D. TOTAL WORKLOAD (B+C)	69041.56
E. MET WORKLOAD PER CAPITA (B÷A)	18.561
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.731
G. WORKLOAD PER CAPITA (D÷A)	22.293

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	3689	12490	12143	12303	12311	12313	12313	12313
TOTAL MET CTVs	68472	231827	225386	228356	228504	228542	228542	228542
B: TOTAL UNMET CTVs	13764	46600	45306	45902	45932	45940	45940	45940
C: TOTAL WORKLOAD REQUIREMENT (A+B)	82236	278427	270692	274258	274436	274482	274482	274482
DENTISTS (MIL AND CIV)	6	6	6	6	6	6	6	6
PROPHY TECHNICIANS (MIL AND CIV)	15	15	15	15	15	15	15	15
DENTAL HYGIENISTS (MIL AND CIV)	1	2	2	2	2	2	2	2

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

Maximum capacity for CTVs: _____

Explanation:

11,776 USMC AD
 6 USA AD
 594 USN AD
 107 afloat AD
 1 AF AD
 6 other AD

940608
 MED 63

6

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years. NOT APPLICABLE.

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

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	BRDENCLINIC MCAS BEAUFORT SC/PATIENT CARE	8364	36	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 of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
BE308R	CORRECT FIRE DEFICIENCY	92	21,561

This information was obtained from, Naval Hospital Beaufort, SC. For additional information refer to Naval Hospital Beaufort, SC, UIC: N61337, Data Call # 26 due on 6 June 94.

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
P-035	MEDICAL/DENTAL CLINIC	96	10.4 MIL

This information was obtained from, Naval Hospital Beaufort, SC. For additional information refer to Naval Hospital Beaufort, SC, UIC: N61337, Data Call # 26 due on 6 June 94.

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 condition of the land, buildings, and other facilities with the planned renovation are adequate to support our current mission.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	30 SEP 93	UIC	35758
FACILITY	BRANCH DENTAL CLINIC BLDG. 598 MCAS BEAUFORT, SC 29904		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT MCAS Branch Clinic	1	203'X 33' / 45'X 37'	ADEQUATE
2. DENTAL TREATMENT ROOM	14 1 1	12'X 12' 12'X 24' 12'X 12'	ADEQUATE ADEQUATE ADEQUATE
3. STERILIZATION ROOM	1 1	9'X 12' 12'X 12'	SUBSTANDARD SUBSTANDARD
4. X-RAY EXPOSURE ROOM	1	10' X 11'	SUBSTANDARD
5. DARKROOM	1	6'X 12'	ADEQUATE
6. PROSTHETIC LAB	1	12'X 23'	ADEQUATE
7. STOREROOM/ SUPPLY ROOM	1	5'X 12'	SUBSTANDARD
8. STAFF LOUNGE	1	12'X 17'	SUBSTANDARD
9. ADMINISTRATIVE OFFICE	1 1	14'X 16' 10'X 14'	ADEQUATE ADEQUATE
10. DENTAL OFFICER'S OFFICE	1 1 1	11'X 12' 10'X 14' 12'X 12'	ADEQUATE ADEQUATE ADEQUATE

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	12' X 22'	ADEQUATE
13. RECORDS CONTROL OFFICE	1	12' X 15'	SUBSTANDARD
14. LOCKER ROOM (FEMALE)	1 1	9' X 12' 12' X 13'	ADEQUATE ADEQUATE
15. LOCKER ROOM (MALE)	1 1	12' X 19' 9' X 12'	ADEQUATE SUBSTANDARD
16. TOILET FACILITY (FEMALE)	1 1 1	4' X 7' 6' X 12' 10' X 12'	ADEQUATE ADEQUATE ADEQUATE
17. TOILET FACILITY (MALE)	1 1 1	5' X 6' 6' X 12' 12' X 10'	ADEQUATE ADEQUATE ADEQUATE
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	15	A-4
2. DENTAL OPERATING CHAIR	ADEC - 1005 DENTSPLY-RELIANCE (X-RAY)	16 1	A-4 A-6

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	PELTON & CRANE - LFII ADEC - 6300	1 15	A-5 A-4
4. CENTRAL VACUUM SYSTEM	PROPERTY OF MCAS MAINTENANCE DEPT.	1	
5. AIR COMPRESSOR DEHYDRATOR	PROPERTY OF MCAS MAINTENANCE DEPT.	1	
6. STERILIZER	PELTON & CRANE-MAGNA (S)	2	1: A-5 1: A-4
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	JELENKO ADMIRAL - VPF	1	A-5
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

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? Being in close proximity to clients supported enables the clinic to provide the necessary dental care to meet mission requirements with minimal loss of productivity due to travel time.

b. What are the nearest air, rail, sea, and ground transportation nodes? AIR: Savannah, GA; RAIL: Yemassee, SC; SEA: Beaufort, SC (shallow draft), Savannah, GA (deep draft); GROUND: Beaufort, SC.

c. What is the importance of your location given your mobilization requirements? NOT APPLICABLE

d. On the average, how long does it take your current client/customers to reach your facility? 20 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? No. Temperate climate, attractive cost of living, recreational facilities, and the close proximity to resort areas may assist in attracting qualified civilian personnel.

FEATURES AND CAPABILITIES

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

Navy and Marine Corps personnel would have to go to another base (20-30 minutes one way) to access dental care. These dental facilities are not currently manned to address the needs of this population and comprehensive dental care would be most difficult to obtain. With the many deployable units aboard MCAS and the projected gain of more squadrons, the dental readiness and associated deployability of troops would be adversely affected. Additionally, even minimum dental care requirements could severely impact other commands, due to increased travel time it would take for personnel to go to another treatment 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.

The active duty population would have to gain access to dental care at the Naval Dental Center, Marine Corps Recruit Depot, Parris Island, SC or at the dental service at Naval Hospital Beaufort. They are within 20-30 minutes commuting distance from MCAS Beaufort.

12. Mobilization. What are your facility's mobilization requirements?
 NOT APPLICABLE.

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

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

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

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

13. Quality of Life. For quality of life issues refer to Marine Corps Air Station, Beaufort, SC, UIC: M60169, Data Call 38 of 23 May 94.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

¹As of 31 March 1994.

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. A. DRAUDE
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

27 MAY 94
Date

NAVAL DENTAL CENTER, PARRIS ISLAND, SC
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

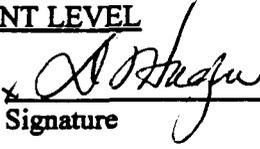
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)



Signature

CHIEF BUMED/SURGEON GENERAL

Title

6-9-94

Date

BUREAU OF MEDICINE & SURGERY

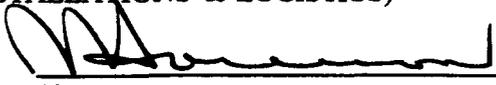
Activity

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

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

R. R. SAREERAM

NAME (Please type or print)



Signature

Acting

Title

27 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 redesignation, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	<i>Branch Dental Clinic, Marine Corps Recruit Depot, San Diego</i>
Acronym(s) used in correspondence	<i>BDCMCRD San Diego</i>
Commonly accepted short title(s)	<i>BDCMCRD San Diego</i>

- Complete Mailing Address

Director, Branch Dental Clinic
 Marine Corps Recruit Depot
 43000 Midway Ave.
 San Diego, CA 92140-5692

- PLAD

NAVDENCEN SAN DIEGO

- PRIMARY UIC: ³⁵⁷³² ~~66022~~ (*) (Plant Account UIC for Plant Account Holders)
 (*) For Class-III Plant Account only.

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

- ALL OTHER UIC(s): 35732 PURPOSE: For DIRS reporting

2. **PLANT ACCOUNT HOLDER:**

- Yes No (check one)

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

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

(UIC - ~~66022~~) 35732
WA

• 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: 00243

• Primary Host (as of 01 Oct 1995) UIC: 00243

• Primary Host (as of 01 Oct 2001) UIC: 00243

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

• Yes _____ No X (check one)

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

Name	Location	UIC
Not applicable		

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

Name	UIC	Location	Host name	Host UIC
Not applicable				

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

Not applicable.

(UIC - ~~66022~~) 35732
OSA

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

Current Missions

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

Projected Missions for FY 2001

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

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

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

Current Unique Missions

- Not applicable.

Projected Unique Missions for FY 2001

- Not applicable

(UIC - ~~66022~~) ³⁵³⁷²
62A

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

• Operational name	UIC
<u>Commanding Officer, Naval Dental Center, San Diego</u>	<u>66022</u>
• Funding Source	UIC
<u>Not applicable</u>	<u> </u>

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>24 O_{65A}</u>	<u>58 O_{65A}</u>	<u>8</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>7</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>35 O_{65A}</u>	<u>21 O_{65A}</u>	<u>8 O_{5T}</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>7</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
D.M. LEWIS	619-524-4010	619-524-5470	N/A
CAPT, DC, USN	DSN-524-4010	DSN-524-5470	
Branch Director			

(UIC - ~~66022~~) 35 732
14

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

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

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

(UIC - 66022) 35732
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13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

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

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

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

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

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

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

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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


Signature

DIRECTOR
Title

27 JAN 94
Date

BRANCH DENTAL CLINIC, MARINE CORPS RECRUIT DEPOT, SAN DIEGO
Activity

(UIC - ~~66022~~ 35732
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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

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

COMMANDING OFFICER
Title

NAVAL DENTAL CENTER, SAN DIEGO
Activity


Signature

2 Feb 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

(UIC - ~~66022~~ 35 732

GSA

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC

NAME (Please type or print)

SURGEON GENERAL/CHIEF BUMED

Title

BUREAU OF MEDICINE & SURGERY

Activity

X Donald Hagen
Signature

2-8-94
Date

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

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

NAME (Please type or print)

Signature

Title

Date

BRAC-95 CERTIFICATION

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

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

ACTING, DCNO (LOGISTICS)
Title

J. B. Greene Jr.
Signature
16 FEB 1994
Date

Division

Department

Activity

Document Separator

449

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC MCRD SAN DIEGO
ACTIVITY UIC: 35732**

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

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

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MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	2122716	1880257	2090633	2072253	2303329	1996987	2003183	2091507	2016843
UNMET	190260	169998	188134	186480	208180	180492	182047	189035	182287
TOTAL	2312976	2050255	2278767	2258733	2511509	2177479	2185230	2280542	2199130

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:

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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	443337	591120	620676	635454	635454	635434	620676	620676	605898
UNMET	212802	260093	273097	273097	279600	279600	273097	273097	266595
TOTAL	656139	851213	893773	893773	915054	915054	893773	893773	872493

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:

FY-93 average CTV/provider = 14,778 (based on 30 providers) (dental officers, hygienists and prophyl techs). FY-93 met workload is = 443,337.

Average recruit company readiness (Class 1 and 2) = 56%.

Unmet workload = met workload X 44%.

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

SAME AS NUMBER 1.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	2122716	1880257	2090633	2072253	2303329	1996987	2003183	2091507	2016843
UNMET	190260	169998	188134	186480	208180	180492	182047	189035	182287
TOTAL	2312976	2050255	2278767	2258733	2511509	2177479	2185230	2280542	2199130

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:

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

SAME AS NUMBER 1.

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	443337	591120	620676	635454	635454	635434	620676	620676	605898
UNMET	212802	260093	273097	273097	279600	279600	273097	273097	266595
TOTAL	656139	851213	893773	893773	915054	915054	893773	893773	872493

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	20	28	29	29	30	30	29	29	28
PROPHY TECHNICIANS (MIL AND CIV)	7	8	9	9	9	9	9	9	9
DENTAL HYGIENISTS (MIL AND CIV)	3	4	4	4	4	4	4	4	4

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

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

D.G. Koffler
Signature

DIRECTOR
Title

25 May 94
Date

BRANCH DENTAL CLINIC, MARINE CORPS RECRUIT DEPOT, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

T.C. Splitgerber
Signature

26 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity



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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity


Signature
6-27-94
Date

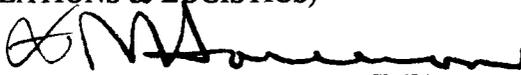
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

R. R. SAREERAM

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

ACTING
Title


Signature
28 JUN 1994
Date

Document Separator

449

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC MCRD SAN DIEGO
ACTIVITY UIC: 35732**

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

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

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MISSION REQUIREMENTS

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

Provide dental services to recruits at the Marine Corps Recruit Depot (MCRD), San Diego and tenant commands located on the base.

Perform other functions as may be directed by the Commanding General MCRD San Diego.

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)
RECRUITS TRNG CENTER	34022	MCRD SAN DIEGO	20,556 (AVE)
HQ SVC BN	34001	MCRD SAN DIEGO	833
RTR SCHOOL	34020	MCRD SAN DIEGO	687
DI SCHOOL	34020	MCRD SAN DIEGO	129
BRMEDCLINIC	32556	MCRD SAN DIEGO	93
BRDENCLINIC	35732	MCRD SAN DIEGO	83
REC SCHOOL	34001	MCRD SAN DIEGO	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	23,000
B. FY1993 MET WORKLOAD (CTVs)	2,122,716
C. FY1993 UNMET WORKLOAD (CTVs)	190,260
D. TOTAL WORKLOAD (B+C)	2,312,976
E. MET WORKLOAD PER CAPITA (B÷A)	92.29
F. UNMET WORKLOAD PER CAPITA (C÷A)	8.27
G. WORKLOAD PER CAPITA (D÷A)	100.56

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

Maximum capacity for CTVs:

Explanation:

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	21,756
B. FY1993 MET WORKLOAD (CTVs)	443,337
C. FY1993 UNMET WORKLOAD (CTVs)	212,802
D. TOTAL WORKLOAD (B+C)	656,139
E. MET WORKLOAD PER CAPITA (B+A)	20.38
F. UNMET WORKLOAD PER CAPITA (C+A)	9.78
G. WORKLOAD PER CAPITA (D+A)	30.16

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

Maximum capacity for CTVs:

Explanation:

FY-93 average CTV/provider = 14,778

FY-93 net workload = 443,337 (based on 30 providers) (dental officers, hygienists, and prephy techs).

Average recruit company readiness (Class 1 and 2) = 56%.

Unmet workload = net workload X 44%.

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	20556	22749	22549	25173	21825	22013	22858	22042
A: TOTAL MET CTVs	188157	2090633	2072253	2303329	199697	2003183	2091507	2016843
B: TOTAL UNMET CTVs	169998	188134	186480	208180	180492	182047	189035	182287
C: TOTAL WORKLOAD REQUIREMENT (A+B)	2050255	2278767	2258733	2511509	2177479	2185230	2280542	2199130
DENTISTS (MIL AND CIV)	28	29	29	30	30	29	29	28
PROPHY TECHNICIANS (MIL AND CIV)	8	9	9	9	9	9	9	9
DENTAL HYGIENISTS (MIL AND CIV)	4	4	4	4	4	4	4	4

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

Maximum capacity for CTVs: _____

Explanation:

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 [Signature]

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	20556	22749	22549	25173	21825	22013	22858	22042
A: TOTAL NET CTVs	591120	620676	620676	635454	635454	620676	620676	605898
	—							
	—							
B: TOTAL UNMET CTVs	260093	273097	273097	279600	279600	273097	273097	266595
	—							
	—							
C: TOTAL WORKLOAD REQUIREMENT (A+B)	851213	893773	893773	915054	915054	893773	893773	872493
DENTISTS (MIL AND CIV)	28	29	29	30	30	29	29	28

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PROPHY TECHNICIANS (MIL AND CIV)	8	9	9	9	9	9	9	9	9
DENTAL HYGIENISTS (MIL AND CIV)	4	4	4	4	4	4	4	4	4

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

Maximum capacity for CTVs:

Explanation:

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

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

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

FACILITIES

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

**** NOT APPLICABLE. HOST COMMAND, MARINE CORPS RECRUIT DEPOT, SAN DIEGO, UIC-00243, MAINTAINS THE INVENTORY RECORD.**

PLEASE SEE ATTACHED FACILITIES REPORT.

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

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

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

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

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

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
98267	INSTALL ENERGY EFFICIENT LIGHTS	1989	6.7K
15273	REPLACE OLD AC COMPRESSOR	1991	11.5K
15291	INSTALL SUCTION TURBINE	1991	15.3K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
25038	INSTALL AIR COMPRESSOR	1993	5.4K
23403	WALL EXTENSION OF OFFICE SPACES	1992	5.K
35600	RETROFIT OF LIGHT BALLAST	1993	19.7K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
35581	REPAIR GLASS ENTRY DOORS	1993	10.6K
35673	REPAIR AC UNIT	1994	12.5K

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

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

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

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

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

NO SIGNIFICANT IMPACT.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	66022
FACILITY	MARINE CORPS RECRUIT DEPOT, BLDG 595, NAVAL DENTAL CENTER BOX 147, NAVAL STATION, SAN DIEGO, CA 92136		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	01	175' X 123'	BLDG. 595
2. DENTAL TREATMENT ROOM	41	10' X 11'	
3. STERILIZATION ROOM	01	14' X 23'	
4. X-RAY EXPOSURE ROOM	01	09' X 11' 10' X 11' 10' X 40'	
5. DARKROOM	01 01	07' X 10' 09' X 11'	
6. PROSTHETIC LAB	01	16' X 23'	INCLUDES PORCELAIN ROOM
7. STOREROOM/ SUPPLY ROOM	02 01 01	04' X 11' 10' X 10' 12' X 16'	
8. CONFERENCE ROOM	01	16' X 25'	
9. ADMINISTRATIVE OFFICE	04 01 01	10' X 11' 10' X 14' 14' X 17'	DUTY RM INCLUDED
10. DENTAL OFFICER'S OFFICE	01	12' X 14'	WITH HEAD

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	01 01	11' X 17' 25' X 54'	TOO SMALL
13. RECORDS CONTROL OFFICE	01	24' X 30'	
14. LOCKER ROOM (MALE)	01 01	13' X 11 12' X 24'	MALE ENLISTED MALE OFFICER
15. LOCKER ROOM (FEMALE)	01 01	14' X 10' 08' X 07	FEMALE ENLISTED FEMALE OFFICER
16. TOILET FACILITY (MALE)	01 02 02	06' X 10' 10' X 12' 05' X 05	
17. TOILET FACILITY (FEMALE)	01 01 01	17' X 11' 05' X 05' 06' X 05	SHOWER INCL.
18. OTHER MAJOR ROOMS	01 02	24' X 42 10' X 11	3 UNITS/40 SINKS
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC/2071	06	(6) A4
	ADEC/2080	24	(24) A4
	ADEC/4200 MONITROL	12	(12) A6
2. DENTAL OPERATING CHAIR	ADEC 1005	30	(30) A4
	DENTAL-EZ	12	(12) A4
	DEL TUBE	01	(1) A4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300 PELTON CRANE LF PLUS	30 12	(30) A4 (12) A4
4. CENTRAL VACUUM SYSTEM	US TURBINE	02	(2) A4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECH 58000 NASH HAYTOR	02 01	(2) A6 (1) A6
6. STERILIZER	PELTON CRANE VAL. 10 CASTEL MC3322 AMSCO MEDALLION GP STEAM AMSCO GP SELF GENER. STEAM	01 02 01 01	(1) A4 (2) A5 (1) A5 (1) A5
7. LIFE SUPPORT EQUIPMENT	LIFEPAK 6	01	(1) A4
8. OTHER MAJOR EQUIPMENT	WEBSTER ELE. INTERCOM	01	1) A6

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE	JELENKO LT	01	(1) A6
3. BURNOUT OVEN	JELENKO ACCUTHERM	01	(1) A5
4. OTHER PROSTHETIC EQUIPMENT	TICONIUM POLISHER GRINDER COE SUCTION UNIT 444 KERR CENTRIFUGAL	01 03 01	(1) A6 (3) A6 (1) A6

NAVMED 6750/4 (Rev. 5/91)

LOCATION

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

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

Extremely important. Close to activities.

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

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

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

No impact.

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

15 minutes.

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

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

FEATURES AND CAPABILITIES

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

BDC MCRD is a recruit processing facility. It is used for establishment of dental record, initial examination including radiographs and duplicate panoramic radiograph for forensic identification. In addition, dental disease is identified, a treatment plan formulated and treatment initiated and, if possible, completed.

Also, there is a schools command at MCRD for recruiting and Drill Instructors. In addition to the approximately 3,000 recruits that are on the depot at any given time, there is a staff and students on the schools command population of approximately 1,900.

If this facility were lost, the non-recruit personnel would have to seek dental treatment at another facility. For recruits, the ability to do initial in-processing would be lost, no records would be made, no radiographs taken and no capability for forensic identification would exist. With all other processing centers gone in San Diego, there is no facility on the depot, or left in San Diego for that matter, which can process recruits. To provide care for active duty personnel other than recruits, there are several options currently available. There are currently three branch dental clinics located close to MCRD. Another option, though less convenient, is the BDC Naval Station.

If this facility were to close and the active duty population removed, it would be difficult to absorb the patient population into other dental facilities. Another option is to contract civilian facilities to provide dental care, however, there still would be no easy way to handle recruit processing.

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

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

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

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

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

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

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

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

13. Quality of Life.

**** NOT APPLICABLE. REPORTED UNDER HOST COMMAND, MARINE CORPS RECRUIT
DEPOT, SAN DIEGO, UIC-00243, DATA CALL NOS. 37 & 38**

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

¹As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

D.G. Koffler
Signature

DIRECTOR
Title

25 May 94
Date

BRANCH DENTAL CLINIC, MARINE CORPS RECRUIT DEPOT, SAN DIEGO, CA
Activity



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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

T.C. Splitgerber
Signature
26 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

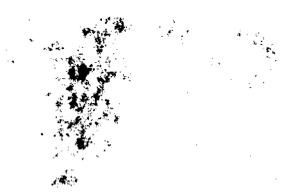
NAME (Please type or print)

Signature

Title

Date

Activity



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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature

6-29-94
Date

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

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

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

ACTING
Title

R. R. Sareeram
Signature

30 JUN 1994
Date

1419

Activity Information:

Activity Name:	BDC, MCRD, SAN DIEGO
UIC:	35732
Host Activity Name (if response is for a tenant activity):	MARINE CORPS RECRUIT DEPOT, SAN DIEGO
Host Activity UIC:	00243

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**

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

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

O&M, DPH

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

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

**DATA CALL 66
INSTALLATION RESOURCES**

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, MCRD, SAN DIEGO	UIC: 35732
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1391
Material and Supplies (including equipment):	314530
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	455868
Total:	771789

BUMED
MED-825
GSA
7/25/94

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BDC, MCRD, SAN DIEGO	UIC: 35732
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	8
Procurement:	0
Other:*	0
Total Workyears:	8

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

CONTRACT ~~DENTISTS~~/DENTAL HYGIENISTS

**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)):

8

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

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

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support
Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

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

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

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


Signature

COMMANDING OFFICER (Acting)
Title

JUL 13 1994
Date

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

Document Separator

450

CAPACITY ANALYSIS: #28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Memphis, Millington, TN

ACTIVITY UIC: 41773

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing5

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	152,364	134,691	129,276	106,812	34,932	34,932	34,932	34,932	34,932
UNMET	39,546	39,546	48,282	62,010	8,953	8,953	8,953	8,953	8,953
TOTAL	191,910	174,237	177,558	168,822	43,885	43,885	43,885	43,885	43,885

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

88

BDC Memphis Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	7,756	7,756	7,756	1,756	1,756	1,756	1,756	1,756
A: Total MET CTVs	134,691	129,276	106,812	34,932	34,932	34,932	34,932	34,932
B: Total UNMET CTVs	39,546	48,282	62,010	8,953	8,953	8,953	8,953	8,953
C: Total Workload requirements (A+B)	174,237	177,558	168,822	43,885	43,885	43,885	43,885	43,885
Dentists (military and Civilian)	13	13	11	2	2	2	2	2
Prophy Techs (military and Civilian)	0	1	2	0	0	0	0	0
Dental Hygienists (MIL and CIV)	3	2	1	1	1	1	1	1

BRAC decision of 1993 will relocate in FY-1997 approximately 4500 students and 1500 staff personnel from NAS Memphis to NAS Pensacola. Estimated population FY-1997-2001 is 1756.

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. Actual population used thru FY-1996.

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

Numbers	AVG CTVs	Months	CTVs Year	Providers CTVs
DO 13	572	12	89232	6,864
HYG 2	1149	12	27676	13,788
Prophy 1	421	12	5052	5,052
X-Ray 0	618	12	7416	
Total CTVs			129,276	

One 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.

FY-1996

Numbers	AVG CTVs	Months	CTVs Year	Providers CTVs
DO 11	572	12	75604	6,864
HYG 1	1149	12	13788	13,788
Prophy 2	421	12	10104	5,052
X-Ray 0	618	12	7416	
Total CTVs			106,812	

One Civilian Hygienist Contract will not be renewed for FY-1996 on.

Projected Prophy Technicians CTVs based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

Two Civilian Dentists Contract will not be renewed for FY-1996 on.

FY-1997-2001

Numbers	AVG CTVs	Months	CTVs Year	Providers CTVs
DO 2	572	12	13728	6,864
HYG 1	1149	12	13788	13,788
Prophy 0	421	12	0	5,052
X-Ray 0	618	12	7416	
Total CTVs			34,932	

Projected Prophy Technicians CTVs based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

Reduction of Dental Officer Billets from 11 to 2 is due to realignment decision of BRAC 1993.

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3a.

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	220,380	220,380	220,380	220,380	220,380	220,380	220,380	220,380
UNMET	0	0	0	0	0	0	0	0
TOTAL	220,380	220,380	220,380	220,380	220,380	220,380	220,380	220,380

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

BDC Memphis Data Call #29

Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
MET	220,380	220,380	220,380	220,380	220,380	220,380	220,380	220,380
UNMET	0	0	0	0	0	0	0	0
Total	220,380							

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

This clinic has 34 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:

- 34 DTRs could be ideally staffed with 25 Dental Officers (DOs) and 3 Hygienist (HYG).
- Above workload figures are based on staffing increase from 13 to 25 DO's and 3 HYG to 3 HYG.
- Required enlisted personnel will be available.
- Sufficient supplies will be available.
- Sufficient funding will be available.

MET CTVs

Numbers	AVG CTVs	Months	CTVs Year
DO	572	12	171,600
HYG	1149	12	41,364
Prophy	0	12	0
X-Ray	618	12	7,416
Total CTVs			220,380

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 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)	12	13	13	11	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	0	1	2	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	3	2	1	1	1	1	1	1

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."

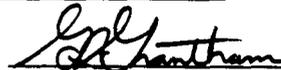
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

ACTIVITY COMMANDER

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


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 BDC Memphis, TN

ENCLOSURE (6)

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

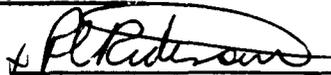
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

~~EX EX HAGEN VADM MC USN~~

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)



Signature

15 JUN 1994

~~CHIEF BUMED SURGEON GENERAL~~

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

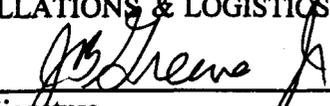
Activity

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

6/20/94

Title

Date

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	<u>BRANCH DENTAL CLINIC, MEMPHIS, TN</u>
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

7800 Third Street
Naval Air Station Memphis
Millington, TN 38054-5296

- PLAD
BRDENCLINIC MEMPHIS TN

• PRIMARY UIC: 41773 (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)

ACTIVITY: 41773

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: 00639

• 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: MED NATIONAL, San Antonio, TX - 1 DDS

- Contractor: Dental Power, Newport News, VA - 2 Hygienists

- Personal Contract - No Contractor - 1 DDS

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: 41773

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 decision to realign the student population aboard NAS Memphis to other Naval Activities will reduce the active duty patient population from approximately 11,000 to 2,000. The reduced population will not support the need for specialty care providers, dental laboratory services, or equipment repair services within current manning standards. Anticipate a reduction of authorized dental providers from 12 to 2.

ACTIVITY: 41773

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 general, preventive and specialty dental services
- Provide prosthetic laboratory services
- Facilitate utilization of Delta Dental Plan
- Provide dental repair and preventive maintenance services
- Provide logistic and administrative liaison for Reserve Units with healthcare providers drilling at BDC Memphis
- Conduct training to ensure operational dental readiness

Projected Missions for FY 2001

- Provide general and preventive dental services
- Provide diagnostic and referral dental services for specialty care and dental laboratory needs
- Facilitate utilization of Delta Dental Plan
- Conduct training to ensure operational readiness

ACTIVITY: 41773

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

- In addition to 3000 NAS Memphis installation personnel, provide general, preventive and speciality dental services to 5,000 Navy and Marine Corps students and 3,000 instructor/staff members at Naval Air Technical Training Command schools aboard NAS Memphis.
-
-

Projected Unique Missions for FY 2001

- Provide general, preventive dental services to 2000 active duty military assigned to the Bureau of Naval Personnel relocating to NAS Memphis under BRAC-93 decision.
-
-

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
Same

ACTIVITY: 41773

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian(Appropriated)
• Reporting Command	<u>12</u>	<u>27</u>	<u>2</u>
			4 * Contract
• Tenants (total)	<u> </u>	<u> </u>	<u> </u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>12</u>	<u>28</u>	<u>2</u>
			4 * Contract
• Tenants (total)	<u> </u>	<u> </u>	<u> </u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
Commanding Officer	(904) 452-5650		
<u>CAPT G. B. Grantham, DC, USN</u>		(904)452-5285	(904)432-1203
• <u>Duty Officer</u>	(904) 452-5600	"	[N/A]
• Administrative Officer	(904) 452-5647		
<u>CDR R. L. Burdess, MSC, USN</u>		"	(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.)

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

ACTIVITY: 41773

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: 41773

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CAPT G. B. Grantham, DC, USN



NAME (Please type or print)

Signature

Commanding Officer

4 Feb 94

Title

Date

Naval Dental Center, Pensacola, FL
Activity

ACTIVITY: 41773

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

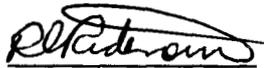
Title Date

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

X 

NAME (Please type or print) Signature 10 FEB 1994

ACTING CHIEF BUMED

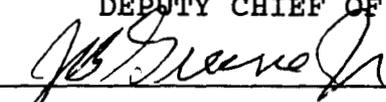
Title Date

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)



16 FEB 94

J. B. GREENE, JR.
ACTING

NAME (Please type or print)

Signature

Title

Date

450

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Memphis, Millington,
TN
ACTIVITY UIC: 41773

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 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, Memphis, Millington, TN.

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)
NATTC STUDENTS	30459	NAS Memphis, TN	2505
H&HS-90	06111	NAS Memphis, TN	1163
NATTC MFS GST	42146	NAS Memphis, TN	884
MATSS-901	06112	NAS Memphis, TN	752
NAS MEMPHIS	00639	NAS Memphis, TN	537
MAG-41 DET A	03014	NAS Memphis, TN	158
RECRUIT DIST MFS	68011	NAS Memphis, TN	140
AIR FORCE		NAS Memphis, TN	116
ARMY		NAS Memphis, TN	83
CNTECHTRA	63111	NAS Memphis, TN	80
COAST GUARD		NAS Memphis, TN	77
VP-67	09175	NAS Memphis, TN	74
VR-60	08993	NAS Memphis, TN	71
NAVAIRES MFS	63101	NAS Memphis, TN	66

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)
NAVAIRES MFS	68824	NAS Memphis, TN	59
NAS OTHERS	32186	NAS Memphis, TN	54
CBU-404	66628	NAS Memphis, TN	54
MFS BRIG	31460	NAS Memphis, TN	46
BRDENCLINIC MEMPHIS	41773	NAS Memphis, TN	39
PERSUPDET MEMPHIS	43322	NAS Memphis, TN	38
NATTC MFS	63093	NAS Memphis, TN	38
AMTG MFS GST	42148	NAS Memphis, TN	37
REDCOMNINE	68348	NAS Memphis, TN	32
NAVY BAND	41477	NAS Memphis, TN	29
AIRMANT TRAGRP	63115	NAS Memphis, TN	29
PSD NATTC STAFF	43323	NAS Memphis, TN	20
NRC	61962	NAS Memphis, TN	20
NLSO	68367	NAS Memphis, TN	17
DFAS	49025	NAS Memphis, TN	13
NROTC MFS	68727	NAS Memphis, TN	13
NOCD	65776	NAS Memphis, TN	10
ECP MSU	46538	NAS Memphis, TN	09
CAA CTR	68123	NAS Memphis, TN	08
RESACT MFS	60939	NAS Memphis, TN	07
FAM SERV CTR	48637	NAS Memphis, TN	06
NRRCREC 9/RPN	41881	NAS Memphis, TN	04

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)
CNTT NEUT DECOMP	44169	NAS Memphis, TN	04
RIPO AREA EIGHT	47920	NAS Memphis, TN	04
MEPS MFA	66580	NAS Memphis, TN	04
NATTC FTP	41576	NAS Memphis, TN	03
TDU NATTC	43677	NAS Memphis, TN	03
STU MED DEPT OST MFS TN	47532	NAS Memphis, TN	03
STU EEAP STATE TECH	44000	NAS Memphis, TN	02
EEAP MSU	48500	NAS Memphis, TN	02
NAS MFS BCT	33271	NAS Memphis, TN	02
SNFED CO MFS	44221	NAS Memphis, TN	01
I&I STF MFS	45327	NAS Memphis, TN	01
MECP MSU	45880	NAS Memphis, TN	01
EEAP SHELBY STATE	46682	NAS Memphis, TN	01
MAG-42 DET B	67245	NAS Memphis, TN	01
CNTT PAO	67584	NAS Memphis, TN	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	7,756
B. FY1993 MET WORKLOAD (CTVs)	152,364
C. FY1993 UNMET WORKLOAD (CTVs)	39,546
D. TOTAL WORKLOAD (B+C)	191,910
E. MET WORKLOAD PER CAPITA (B÷A)	19.64
F. UNMET WORKLOAD PER CAPITA (C÷A)	5.10
G. WORKLOAD PER CAPITA (D÷A)	24.74

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 Memphis Data Call #29

Actual Population 7,756
 RAPS 0 Not Available
 FY-1993-Total MET CTVs 152,364

EFFICIENCY REVIEW METHODOLOGY						
Class Requirements			ER Multiple			
Class	# of Patients	% of Patients	Class	# of Patients	CTV Mult	Result
I	853	11%	II	4,266	4.55	19,410
II	4,266	55%	III	1,706	9.20	15,695
III	1,706	22%	IV	931	4.77	4,441
IV	931	12%	Total	6,903	UNMET	39,546
Total	7,756	100%				

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	7,756
B.	FY1993 MET WORKLOAD (CTVs)	152,364
C.	FY1993 UNMET WORKLOAD (CTVs)	39,546
D.	TOTAL WORKLOAD (B+C)	191,910
E.	MET WORKLOAD PER CAPITA (B/A)	19.64
F.	UNMET WORKLOAD PER CAPITA (C/A)	5.10
G.	WORKLOAD PER CAPITA (D/A)	24.74

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

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	7,756	7,756	7,756	1,756	1,756	1,756	1,756	1,756
A: TOTAL MET CTVs	134,691	129,276	106,812	34,932	34,932	34,932	34,932	34,932
B: TOTAL UNMET CTVs	39,546	48,282	62,010	8,953	8,953	8,953	8,953	8,953
C: TOTAL WORKLOAD REQUIREMENT (A+B)	174,237	177,558	168,822	43,885	43,885	43,885	43,885	43,885
DENTISTS (MIL AND CIV)	13	13	11	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	1	2	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	3	2	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 Memphis Data Call #29

Projected Workload

Population	FY-1994	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
A: Total MET CTVs	134,991	129,276	106,812	34,932	34,932	34,932	34,932
B: Total UNMET CTVs	39,648	48,282	62,010	8,963	8,963	8,963	8,963
C: Total Workload requirements (A+B)	174,237	177,558	168,822	43,895	43,895	43,895	43,895
Dentists (military and civilian)	13	13	11	2	2	2	2
Prophy Techs (military and civilian)	0	1	2	0	0	0	0
Dental Hygienists (MIL and CIV)	3	2	1	1	1	1	1

BRAC decision of 1993 will relocate in FY-1997 approximately 4500 students and 1500 staff personnel from NAS Memphis to NAS Pensacola. Estimated population FY-1997-2001 is 1756.

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. Actual population used thru FY-1996. 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

Numbers	DO	HYG	Prophy	X-Ray	Total CTVs
13	2	1	0	0	129,276
672	27676	13,788	6062	7416	129,276
AVG CTVs	572	1149	421	618	
Months	12	12	12	12	
CTVs Year	89232	27676	6062	7416	
Providers CTVs	6,964	13,788	6,062	7,416	

One 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.

FY-1996

Numbers	DO	HYG	Prophy	X-Ray	Total CTVs
11	2	1	2	0	106,812
672	76604	13,788	10104	7416	106,812
AVG CTVs	572	1149	421	618	
Months	12	12	12	12	
CTVs Year	76604	13788	10104	7416	
Providers CTVs	6,964	13,788	6,062	7,416	

One Civilian Hygienist Contract will not be renewed for FY-1996 on.

Projected Prophy Technicians CTVs based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

FY-1997-2001

Numbers	DO	HYG	Prophy	X-Ray	Total CTVs
2	1	0	0	0	34,932
672	13728	13,788	0	7416	34,932
AVG CTVs	572	1149	421	618	
Months	12	12	12	12	
CTVs Year	13728	13788	0	7416	
Providers CTVs	6,964	13,788	0	7,416	

Projected Prophy Technicians CTVs based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

Reduction of Dental Officer Billets from 11 to 2 is due to realignment decision of BRAC 1993.

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.								

FACILITIES

- Not applicable, building is owned by NAS Memphis, Millington, TN

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

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

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 Memphis, Millington, TN

- Not applicable, building is owned by NAS Memphis, Millington,
TN

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 Memphis, Millington,
TN

LOCATION

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

- **Current location is ideally suited to population served.**

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

- **Most beneficiaries are non-rate or junior petty officers. Many are without vehicles and most are involved in rigid classroom schedules with little discretionary time. Proximity of medical resources is essential.**

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?

- **Less than fifteen 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?

- **Organization of government service and contractor hiring policies does not limit hiring of personnel to local population.**

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 this facility would ultimately degrade ease of access and quality of care. Operational readiness of service members could degrade if dental care was relegated to less convenient, more expensive civilian providers. There are no military facilities within a three hour drive of NAS Memphis.

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.

- There is no military facility of comparable size or capability within practical distance of NAS Memphis. Routine and specialty dental care would necessarily be referred to civilian providers. University of Tennessee Dental School is an institutional source of quality care.

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
FLT HOSP 15	None	Officer: 2
1ST MAR BRIG	None	Officer: 2 Enlisted: 2
NDC ROOSEVELT ROADS	None	Officer: 2 Enlisted: 1
USS PELELIU	None	Enlisted: 2

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

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

1. Dental Officer averages 572.02 CTV's/month at NAS Memphis.
6 DO's x 572.02 = 3432.12 CTV's lost/month.
2. Deploying enlisted are not Propy Techs. No CTV's lost.

13. Quality of Life.

- This segment answered by Host Activity, NAS Memphis (UIC 00639)
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."

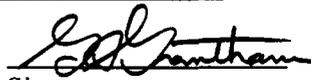
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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 Memphis, TN

ENCLOSURE (6)

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

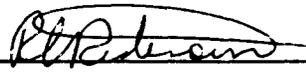
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

~~XXXX HAGEN, XADM, MC, USN~~

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)



Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED

Title

15 JUN 1994

Date

BUREAU OF MEDICINE & SURGERY

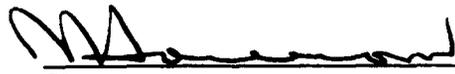
Activity

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

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

R. R. SAREERAM

NAME (Please type or print)



Signature

ACT206

Title

27 JUN 1994

Date

DATA CALL 66
INSTALLATION RESOURCES

450

Activity Name:	Branch Dental Clinic Memphis, Millington, Tennessee
UIC:	41773
Host Activity Name:	Naval Air Station Memphis, Millington, Tennessee
Host Activity UIC:	00639

1. re 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 Memphis, Millington, Tennessee		UIC: 41773	
Category	FY-96 BOS COSTS (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction	5		5
1b. Sub-total 1a. and 1b.	5		5
2. Other Base Operating Support Costs:			
2a. Utilities	65		65
2b. Transportation	3		3
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	2		2
2j. Other (specify) Communication	5		5
2k. Sub-total 2a. through 2j.	75		75
3. Grand Total (sum of 1c. and 2k.):	80		80

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

2. VR Bumed 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic Memphis, Millington, Tennessee	UIC: 41773
Cost Category	FY-1996 Projected Costs (\$000)
Travel:	12
Material and Supplies (including equipment):	71
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	160
Total:	243

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic Memphis, Millington, Tennessee	UIC: 41773
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

Off-Base Contract Workyear Data

See pgs # 3R, 4R VR BUMED 824 8/1/94

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

**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, MEMPHIS	UIC: 41773
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	3.0
Procurement:	N/A
Other:*	N/A
Total Workyears:	3.0

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

63R. 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)):
3.0 workyears would be transferred to the gaining activity from Branch Dental Clinic Memphis.

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

7AR VRBumed 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)
COMPTRROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
18 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
7-18-94
Date

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

MAJOR CLAIMANT LEVEL

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

[Signature]
Signature
8-2-94
Date

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)
W. A. EARNER

NAME (Please type or print)
Title

[Signature]
Signature
8/30/94
Date

Document Separator

451

CAPACITY ANALYSIS: #28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC
MERIDIAN, MS
ACTIVITY UIC: 41785

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

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

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MISSION REQUIREMENTS

- 1. Workload 3,4
- 2. Staffing5

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	63,843	45,201	43,368						
UNMET	7,388	7,388	14,108						
TOTAL	71,231	52,589	57,476						

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 NAS Meridian Data Call #28

28

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	1,838	1,838	1,838	1,838	1,838	1,838	1,838	1,838
A: Total MET CTVs	45,201	43,368	43,368	43,368	43,368	43,368	43,368	43,368
B: Total UNMET CTVs	7,388	14,108	14,108	14,108	14,108	14,108	14,108	14,108
C: Total Workload requirements (A+B)	52,589	57,476	57,476	57,476	57,476	57,476	57,476	57,476
Dentists (military and Civillan)	4	4	4	4	4	4	4	4
Prophy Techs (military and Civillan)	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-1994 CTVs includes workload for 1 Civilian Contract Hygienist. Hygienist Contract will not be renewed FY-1995 on.

FY-1995-2001

	Numbers		AVG CTVs	Months	CTVs Year	Providers CTVs
DO	4		706	12	33,888	8,472
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		369	12	4,428	
Total CTVs					43,368	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

30.

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	124,464							
UNMET	0							
TOTAL	124,464							

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 Meridian 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	124,464	124,464	124,464	124,464	124,464	124,464	124,464	124,464
UNMET	0	0	0	0	0	0	0	0
Total	124,464							

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

This clinic has 15 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. 15 DTRs could be ideally staffed with 10 Dental Officers (DOs) and 3 Hygienist (HYG).
2. Above workload figures are based on staffing increase from 4 to 10 DO's and 1 HYG to 3 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	10		706	12	84,720
HYG	3		981	12	35,316
Prophy	0		0	12	0
X-Ray	0		369	12	4,428
Total CTVs					124,464

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.

4/a.

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

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	5	4	4	4	4	4	4	4	4
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 Meridian, MS

ENCLOSURE (2)

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, WADM, MC, USN~~

~~R. L. RIDENOUR, RADM, MC, USN~~
NAME (Please type or print)

R. L. Ridenour

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)
ACTING

J. B. Greene Jr.

Signature

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	<i>Branch Dental Clinic, Meridian, MS</i>
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
1801 Fuller Road Suite D 18
Meridian, MS 39309-5108

- PLAD
BRMEDCLINIC Meridian, MS

- PRIMARY UIC: 41785 (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 (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: 63043

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

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

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

• Yes No (check one)

Personal contract - No contractor - 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.

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 general, preventive and specialty dental services.
- Facilitate utilization of Delta Dental Plan.
- Retired military personnel are provided dental cleaning, emergency care and restorative services on a space available basis.
- 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

- Second contact in the Navy for incoming enlisted students for most of all the Navy's class "A" administrative schools.
- Student Naval Aviators are here for their second and final phase of flight training.
- Student aviators going to an operational billets in 12 to 18 months are considered high priority.
- "A" school enlisted students arrive here with dental treatment to be completed before transferring to an operational billet.

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
<u>Naval Dental Center, Pensacola, FL</u>	<u>68441</u>

• 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	<u>3</u>	<u>12</u>	<u>3 Appropriated</u> <u>1 *</u>
• Tenants (total)	_____	_____	_____

* Contract Hygienist

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>5</u>	<u>10</u>	<u>2 Appropriated</u> <u>1 *</u>
• 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.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC Commanding Officer <u>CAPT G. B. Grantham, DC, USN</u>	(904)452-5650	(904)452-5285	(904)432-1203
• Duty Officer	(904)452-5600	Same	[N/A]
• Administrative Officer <u>CDR R. L. Burdess, MSC, USN</u>	(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.)
N/A		

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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: 41785

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

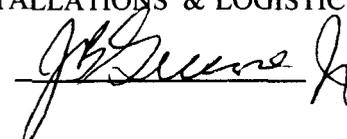
RADM R. I. Ridenour
NAME (Please type or print) Signature 

ACTING CHIEF BUMED
Title Date 10 FEB 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)

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

ACTING
Title Date 16 FEB 94

Document Separator

451

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, NAS
MERIDIAN
ACTIVITY UIC: 41785

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 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 Meridian, Meridian, Mississippi.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NTTC (STUDENTS)	30128	MERIDIAN, MS	608
NAS	63043	MERIDIAN, MS	223
NAS UPT	42105	MERIDIAN, MS	190
MATSG	06115	MERIDIAN, MS	163
CTW-1 (STUDENTS)	30458	MERIDIAN, MS	147
NTTC (INSTRUCTORS)	42141	MERIDIAN, MS	110
VT-7	0398A	MERIDIAN, MS	62
BRMEDCLINIC	39167	MERIDIAN, MS	53
VT-19	09177	MERIDIAN, MS	45
CTW-1	09251	MERIDIAN, MS	32
NAVRESCEN	61942	MERIDIAN, MS	27
PSD	43324	MERIDIAN, MS	19
CTW-1	47733	MERIDIAN, MS	19
NTTC (STAFF)	32739	MERIDIAN, MS	17
BRDENCLINIC	41785	MERIDIAN, MS	14
NAVRESCEN	61955	JACKSON, MS	12
367TH MAINT CO	WXFCAA	PHILADELPHIA, MS	10
HHD, 150TH QM BN	WVHNA	MERIDIAN, MS	9
NAVRESCEN	61952	TUSCALOOSA, AL	9
NAVOCEANCOMDET	65777	MERIDIAN, MS	9
NATMSACT	49153	MERIDIAN, MS	7

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)
BTRY A, 4/114TH FA	WP3MAO	BAY SPRINGS, MS	3
HQB, 4/114TH FA	WP3MTO	NEWTON, MS	6
DECA COMMISSARY	49221	MERIDIAN, MS	5
MEPS	66872	JACKSON, MS	5
HHD, 298TH MAINT	WXFBAA	PHILADELPHIA, MS	5
CO G, 185TH AVN	WZF5AA	MERIDIAN, MS	4
SVC BTRY, 4/114TH	WP3MSO	DECATUR, MS	4
134TH ENGR CO	WTRBAA	CARTHAGE, MS	4
BTRY B, 4/114TH FA	WP3MBO	FOREST, MS	3
BTRY C, 4/114TH FA	WP3MCO	MORTON, MS	3
DET 1, 134TH ENGR CO	WTRBA1	UNION, MS	3
CAAC	68599	MERIDIAN, MS	2
DET 1, 367TH MAINT	WXFCA1	DEKALB, MS	1
DET 1, 786 TRANS CO	WQH9A1	MERIDIAN, MS	1
4TH BN 14TH, MARDIV	67668	BESSEMER, AL	1
1ST BN 14TH, MARDIV	67663	JACKSON, MS	1
STU EEAP COM COLLEGE	48470	MERIDIAN, MS	1
NAVY EXCHANGE	63352	MERIDIAN, MS	1
DET 1, 786 TRANS CO	WQH9A1	QUITMAN, MS	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	1,838
B. FY1993 MET WORKLOAD (CTVs)	63,843
C. FY1993 UNMET WORKLOAD (CTVs)	7,388
D. TOTAL WORKLOAD (B+C)	71,231
E. MET WORKLOAD PER CAPITA (B÷A)	34.74
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.02
G. WORKLOAD PER CAPITA (D÷A)	38.75

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 Meridian Data Call #29

Actual Population 1,838
 RAPS 0 Not Available
 FY-1993-Total MET CTVs 63,843

EFFICIENCY REVIEW METHODOLOGY			
<i>Class Requirements</i>		<i>ER Multiple</i>	
Class	# of Patients	% of Patients	Result
I	441	24%	II
II	1,158	63%	III
III	221	12%	IV
IV	18	1%	Total
Total	1,838	100%	1,397 UNMET

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	1,838
B.	FY1993 MET WORKLOAD (CTVs)	63,843
C.	FY1993 UNMET WORKLOAD (CTVs)	7,388
D.	TOTAL WORKLOAD (B+C)	71,231
E.	MET WORKLOAD PER CAPITA (B/A)	34.74
F.	UNMET WORKLOAD PER CAPITA (C/A)	4.02
G.	WORKLOAD PER CAPITA (D/A)	38.75

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

FY-1993 CTVs includes workload of 5 Dental Officers. There are currently 4 billets for dental officers. From beginning of FY-1994 till present (June 1994), there have been only three dental officers aboard. Thus, significantly lower workload compared to FY-1993.

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	1,838	1,838	1,838	1,838	1,838	1,838	1,838	1,838
A: TOTAL MET CTVs	45,201	43,368	43,368	43,368	43,368	43,368	43,368	43,368
B: TOTAL UNMET CTVs	7,388	14,108	14,108	14,108	14,108	14,108	14,108	14,108
C: TOTAL WORKLOAD REQUIREMENT (A+B)	52,589	57,476	57,476	57,476	57,476	57,476	57,476	57,476
DENTISTS (MIL AND CIV)	4	4	4	4	4	4	4	4
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 NAS Meridian Data Call #28

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	1,838	1,838	1,838	1,838	1,838	1,838	1,838	1,838
A: Total MET CTVs	45,201	43,368	43,368	43,368	43,368	43,368	43,368	43,368
B: Total UNMET CTVs	7,388	14,108	14,108	14,108	14,108	14,108	14,108	14,108
C: Total Workload requirements (A+B)	52,589	57,476	57,476	57,476	57,476	57,476	57,476	57,476
Dentists (military and Civilian)	4	4	4	4	4	4	4	4
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-1994 CTVs includes workload for 1 Civilian Contract Hygienist. Hygienist Contract will not be renewed FY-1995 on.

FY-1995-2001

	Numbers		AVG CTVs	Months	CTVs Year	Providers CTVs
DO	4		706	12	33,888	8,472
HYG	0		0	0	0	0
Prophy	1		421	12	5,052	5,052
X-Ray	0		369	12	4,428	
Total CTVs					43,368	

Projected Prophy Technicians CTVs are based on command wide average of all Prophy Technicians for months of February, March, and April 1994.

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.										

FACILITIES

- Not applicable, building is owned by NAS, Meridian, MS.

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

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

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, Meridian, MS.

- Not applicable, building is owned by NAS, Meridian, MS.

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

- Not applicable, building is owned by NAS, Meridian, MS.

LOCATION

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

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

- **Dental clinic should be closed 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?

- **8 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?

- **Low cost of living and low stress country environment help in hiring, while lack of major shopping and entertainment centers hinder hiring.**

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?

- Easy access to routine dental treatment for all active duty members in a 150 mile radius would be lost. This facility provides treatment to local Navy, Marine, Army, and Air Force units as well as numerous small Army and Air Force units scattered throughout Mississippi and Alabama.

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 members would need to travel to either Columbus Air Force base 90 miles away, Pascagoula Naval Station 169 miles away, Gulfport 174 miles away, Kessler Air Force base 186 miles away, Branch Dental Clinic Pensacola 220 miles away, Memphis 256 miles away or contract for local civilian treatment paid for by DOD.

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
FLT HOSP #15		Enlisted = 1
1ST MAR BRIG		Enlisted = 1
NDC ROOSEVELT ROADS		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 DO's assigned, 0 CTV's lost.
2. Deploying Enlisted are not Propy Techs. No CTV's lost.

13. Quality of Life.

- This segment answered by Host Activity, NAS Meridian, MS (UIC 63043) 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 Meridian, MS

ENCLOSURE (2)

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

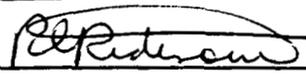
Activity

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

MAJOR CLAIMANT LEVEL

~~DIFF HAGEN, WADM, MC, USN~~
R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

x 
Signature

~~CHIEF BUMED/SURGEON GENERAL~~
ACTING CHIEF BUMED

Title

15 JUN 1994

Date

BUREAU OF MEDICINE & SURGERY

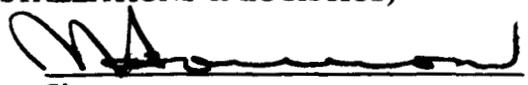
Activity

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

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

R. R. SAREERAM

NAME (Please type or print)


Signature

Title

ACT106

27 JUN 1994

Date

DATA CALL 66
INSTALLATION RESOURCES

451

Activity Name:	Branch Dental Clinic, Meridian, Mississippi
UIC:	41785
Host Activity Name:	Naval Air Station, Meridian, Mississippi
Host Activity UIC:	63043

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, Meridian, Mississippi		UIC: 41785	
FY-96 BOS COSTS (\$000)			
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction	7		7
1b. Sub-total 1a. and 1b.	7		7
2. Other Base Operating Support Costs:			
2a. Utilities	10		10
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	2		2
2j. Other (specify) Communication	5		5
2k. Sub-total 2a. through 2j.	17		17
3. Grand Total (sum of 1c. and 2k.):	24		24

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

2. VR Bumed 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic, Meridian, Mississippi	UIC: 41785
Cost Category	FY-1996 Projected Costs (\$000)
Travel:	5
Material and Supplies (including equipment):	31
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	60
Total:	96

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, Meridian, Mississippi	UIC: 41785
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

Off-Base Contract Workyear Data

See pgs 3R, 4R VR Bumed 824 8/1/94

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

**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 MERIDIAN	UIC: 41785
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.

63R 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 Meridian 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

74R Burned VR 824 9/1/94

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."

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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)
COMPTRROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
18 July 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature
7-18-94
Date

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

MAJOR CLAIMANT LEVEL

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

[Signature]
Signature
8-2-94
Date

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)
W. A. EARNER

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

Title

[Signature]
Signature
8/30/94
Date