

UIC 35760
 BDC NEW LONDON

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 New London, CT</i>
Acronym(s) used in correspondence	BDC New London, CT
Commonly accepted short title(s)	

- Complete Mailing Address: Branch Dental Clinic
 Naval Submarine Base New London
 Groton, CT 06349

- PLAD: BRDENCLINIC NEW LONDON CT

- PRIMARY UIC: 35760 (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 (5)

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: 00129
- 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 35760
BDC NEW LONDON

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

Name	UIC	Location	Host name	Host UIC
Branch Dental Annex	45026	General Dynamics, Electric Boat, Groton, CT	Naval Submarine Base New London	00129

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 called for closure of the Naval Base in Orlando, Fla. It is expected that the nuclear power school will move to New London. Students and staff of the school will significantly add to the treatment requirements of this DTF.

UIC 35760
BDC NEW LONDON

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 changes anticipated.

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 Contract	<u>15</u>	<u>23</u>	<u>9</u> <u>4*</u>
• Tenants (total)	<u>15</u>	<u>23</u>	<u>13</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command Contract	<u>17</u>	<u>26</u>	<u>9</u> <u>4*</u>
• Tenants (total)	<u>17</u>	<u>26</u>	<u>12</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, RI
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					

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.

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)

R. L. Jucovic
Signature

Commanding Officer
Title

1 Feb 94
Date

NAVAL DENTAL CENTER NEWPORT, RI
Activity

UIC 35760
BDC NEW LONDON

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 R. I. Ridenour
ACTING CHIEF BUMED _____ Date 10 FEB 1994
Title _____
BUREAU OF MEDICINE & SURGERY
Activity _____

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

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

J. B. GREEN, JR
NAME (Please type or print) _____ Signature J. B. Green Jr
ACTING _____ Date 16 FEB 1994
Title _____

Document Separator

464

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic NEW LONDON, CT
ACTIVITY UIC: 35760**

**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
2. Staffing

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC NEW LONDON, CT
UIC: 35760

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)

R.L. Jucovics
Signature

Commanding Officer
Title

24 May 94
Date

Naval Dental Center Newport, RI
Activity

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	157,727	222,156	217,399	230,931	182,451	183,468	183,748	183,748	183,748
UNMET *	25,942	36,529	35,757	37,983	30,009	30,176	30,222	30,222	30,222
TOTAL	183,669	258,695	253,156	268,914	212,459	213,644	213,970	213,970	213,970

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	255,479	250,009	265,571	209,818	210,988	211,310	211,310	211,310
UNMET	3,216	3,147	3,343	2,641	2,656	2,660	2,660	2,660
TOTAL	258,695	253,156	268,914	212,459	213,644	213,970	213,970	213,970

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 optimize 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)	20	20	20	20	20	20	20	20	20
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1

Onboard as of May 1994

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

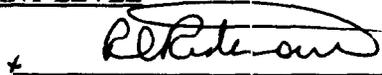
Date

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

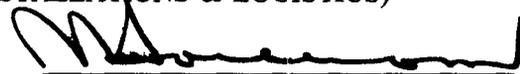
16 JUN 1994

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

ACTDG
Title

Date

28 JUN 1994

Document Separator

464

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental New London, CT
ACTIVITY UIC: 35760

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

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

TABLE OF CONTENTS

Mission Requirements

1. Mission
2. Customer Base
3. Workload per Capita
4. Projected Workload/Personnel
5. Training Programs

Facilities

6. Facilities Description
7. Programmed Improvements
8. Impact of Facilities' Condition

Location

9. Geographic Location
10. Manpower and Recruiting Issues

Features and Capabilities

11. Capabilities
12. Mobilization
13. Quality of Life

*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 *(NL) NEW LONDON	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
NSSF	68316	NL, CT	1331
SUBSCHOOL	30565	NL, CT	1111
SUBSCHOOL	42135	NL, CT	707
(12 RESERVE UNIT)		CT AREA	555
HOSPITAL	61726	NL, CT	403
CBMU 202	55643	NL, CT	333
USS PHILADELPHIA	20204	NL, CT	162
USS ARCHERFISH	20041	NL, CT	157
USS ALBUQUERQUE	21001	NL, CT	153
USS PITTSBURGH	21030	NL, CT	150
USS DALLAS	20811	NL, CT	146
USS PARGO	05137	NL, CT	145
USS SANTA FE	21693	NL, CT	144
USS COLUMBUS	21692	NL, CT	144
USS SPRINGFIELD	21691	NL, CT	143
USS BOSTON	20830	NL, CT	143
USS ANNAPOLIS	21690	NL, CT	142
PCU HARTFORD	21806	NL, CT	141
USS MIAMI	21368	NL, CT	140
USS ALEXANDRIA	21465	NL, CT	140
USS SAN JUAN	21312	NL, CT	140
USS AUGUSTA	29886	NL, CT	139
USS PROVIDENCE	21029	NL, CT	139
USS GROTON	20785	NL, CT	139

UNIT NAME *(NL) NEW LONDON	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
USS GATO	05126	NL, CT	137
USS CORPUS CHRISTI	20832	NL, CT	137
USS TREPANG	05155	NL, CT	135
SHIPPINGPORT	21138	NL, CT	132
USS WHALE	05131	NL, CT	130
WATERFORD	08885	NL, CT	129
PCU RHODE ISLAND	48579	NL, CT	80
COMSUBRON TWO	44292	NL, CT	73
COMSUBGRU TWO	55429	NL, CT	74
PCU SEAWOLF	21834	NL, CT	61
NUMI	30293	NL, CT	60
PCU COLUMBIA	21817	NL, CT	58
PCU MAINE	48581	NL, CT	57
PSD	43339	NL, CT	50
COMSUBGRU TWO	32009	NL, CT	49
COMSUBGRU TWO	42914	NL, CT	49
COMSUBRON TWO	55728	NL, CT	46
COMSUBDEVRON 12	55727	NL, CT	45
SUBSCHOOL	00750	NL, CT	43
DENTAL	35760	NL, CT	43
COMSUBGRU	42915	NL, CT	42
COOPMINEUNIT	46472	NL, CT	39
COMSUBDEVRON	44297	NL, CT	34
FTSCLANT	0034A	NL, CT	30
COMSUBGRU TWO	41668	NL, CT	27
NUMI	35977	NL, CT	27
COMSUBRON TWO	44972	NL, CT	27
PSD DET	48613	NL, CT	25

UNIT NAME *(NL) NEW LONDON	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
HOSPITAL (DET)	46873	NL, CT	24
NR-1	20165	NL, CT	24
COMSUBDEVRON	45239	NL, CT	23
PMOLANT	45918	NL, CT	22
NSGA CDS	35459	NL, CT	19
PCU MAINE	48582	NL, CT	19
LEGAL SERVICE	35493	NL, CT	13
PSD	68628	NL, CT	16
NSGA	47685	NL, CT	16
COMSUBRON TWO	32302	NL, CT	15
PCU RHODE ISLAND	48580	NL, CT	14
MED RES LAB	66596	NL, CT	12
COMSUBGRU TWO	41944	NL, CT	9
DECA	49178	NL, CT	8
ARMY VET	W1U537	NL, CT	8
NSGA	65991	NL, CT	8
COMSUBGRU TWO	66674	NL, CT	6
SUBASE (TRANS)	31752	NL, CT	6
NAVFAC	44210	NL, CT	6
NSGA CSS	33389	NL, CT	5
FOOD MGT	43672	NL, CT	4
RES RECRUITING	47768	NL, CT	3
FLEET ILO	66386	NL, CT	3

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 *	6,201
B. FY1993 MET WORKLOAD (CTVs)	157,727
C. FY1993 UNMET WORKLOAD (CTVs)	25,942
D. TOTAL WORKLOAD (B+C)	183,669
E. MET WORKLOAD PER CAPITA (B÷A)	25.4
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.2
G. WORKLOAD PER CAPITA (D÷A)	29.6

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

Maximum capacity for CTVs: 181,386, 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	8,734	8,547	9,079	7,173	7,213	7,224	7,224	7,224
A: TOTAL MET CTVs	222,156	217,399	230,931	182,451	183,468	183,748	183,748	183,748
B: TOTAL UNMET CTVs	36,539	35,757	37,983	30,009	30,176	30,222	30,222	30,222
C: TOTAL WORKLOAD REQUIREMENT (A+B)	258,695	253,156	268,914	212,459	213,644	213,970	213,970	213,970
DENTISTS (MIL AND CIV)	20	20	20	20	20	20	20	20
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, 255,479, 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, NLON/Pt. care	9,880	32	Sub-standard
Barge IX 504	BDA, NLON/Pt. care	864	50	Sub-standard

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
CR1-87	Rehab of Operatories BDC, NLON	1991	\$15K

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
P-307	MED/DEN Clinic, NLON	UN	\$6 MIL

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.

CR1-87; Rehabilitation of Operatories for Branch Dental Clinic, New London, CT. This project was essential in order to

comply with infection control standards and was required to maintain a proper state of material and operational readiness to fulfill mission plans.

The clinic is located on NAVSUBBASE, Groton, land is at a premium for parking. The building itself has been plagued with continual maintenance problems from heating and air conditioning to a leaking roof. Currently the base Public Works Department is investigating a long term solution to these continual problems. Fortunately, inspite of all these problems the clinic has been able to perform it's mission.

P-307; MED/DEN Clinic, New London, CT is a MILCON project to accommodate the projected influx of staff/students from NTC, Orlando which is the result of the most recent BRAC.

LOCATION

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

-Close walking distance to all tenant commands.

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

-Close walking distance to all tenant commands.

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

-Air: Providence, RI, 50 miles.

-Rail: Locale, 8 miles.

-Sea: Newport, RI, 55 miles.

-Ground: Locale, 8 miles.

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

-Close to transportation nodes.

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

-10 minutes.

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

-This clinic is able to recruit 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?

-Active duty members would have to travel to Newport, RI (55 miles) to receive the nearest military dental care. Such discontinuation of services would have a tremendously adverse affect on the dental health and readiness of all subase personnel and fast attack submarine crews.

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 have to travel to Newport, RI (55 miles) to receive the nearest military dental care. Such discontinuation of services would have a tremendously adverse affect on the dental health and readiness of all subbase personnel and fast attack submarine crews.

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 *
USS INCHON	20009	1
USS WASP	21560	1
FLT HOSPITAL UNIT 20	46977	1
NAVHOSP GUANTANAMO BAY	61564	1
FLT HOSPITAL #3	68683	1

*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.

-Mission would still be achieved.

13. Quality of Life.

Submission made by:
RLC: SUBASE, Groton, CT
UIC: 00129
BRAC Data Call: #37

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	35760
FACILITY	BRANCH DENTAL CLINIC, NLON, SUBASE GROTON, CT 06340		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	32' x 140'	B# 341 1st DECK
		32' x 140'	B# 341 2nd DECK
2. DENTAL TREATMENT ROOM	21	12' x 12'	CURRENTLY RENOVATED AS ADMIN OFFICE
3. STERILIZATION ROOM	2	12' x 12'	
4. X-RAY EXPOSURE ROOM	1	12' x 12'	
5. DARKROOM	1	6' x 12'	
6. PROSTHETIC LAB	1	12' x 29'	
7. STOREROOM/ SUPPLY ROOM	2	12' x 26'	B# 148
	1	12' x 33'	B# 148
8. CONFERENCE ROOM	1	12' x 28'	
9. ADMINISTRATIVE OFFICE	2	12' x 12'	RENOVATED OPERATORY TOO SMALL 4' x 5' CLOSET
	1	7' x 20'	
	1	12' x 12'	
10. DENTAL OFFICER'S OFFICE	1	12' x 15'	5' x 6' HEAD & 4' x 6' CLOSET

11. DENTAL REPAIR SHOP	1	12' x 20'	B# 148	
12. PATIENT WAITING AREA	1	24' x 25'	TOO SMALL	
13. RECORDS CONTROL OFFICE	1	9' x 25'		
14. LOCKER ROOM (MALE)	1	12' x 14'	B# 341 OFFICER	
	1	12' x 33'	B# 148 ENLISTED	
15. LOCKER ROOM (FEMALE)	1	7' x 12'	B# 341 OFFICER	
	1	12' x 20'	B# 148 ENLISTED	
16. TOILET FACILITY (MALE)	1	5' x 12'	PATIENT	
	1	8' x 12'	OFFICER	
17. TOILET FACILITY (FEMALE)	1	5' x 12'	PATIENT	
	1	4' x 6'	OFFICER	
18. OTHER MAJOR ROOMS	1	11' x 32'	MECHANICAL RM	
	2	8' x 12' / 20' x 20'	COMPRESSOR RM	
	1	8' x 13'	DUTY RM / HEAD	
PART II - DENTAL EQUIPMENT				
SECTION A - DENTAL OPERATING EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL		QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070		10	(10) A4
	ADEC 2040		10	(10) A4
2. DENTAL OPERATING CHAIR	ADEC PRIORITY 1005		21	(21) A4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	21	(21) A4
4. CENTRAL VACUUM SYSTEM	US TURBINE	1	A5
	AIR TECHNIQUE	1	A4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUE 5400	2	A4
	AIR TECHNIQUE 58000	1	A4
6. STERILIZER	MDT/CASTLE 3322 (STEAM)	1	A5
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	MDT/CASTLE SONIC CLEANER ^7936 / 7946	1	A6
	MDT/CASTLE RINSER-DRYER	1	A6
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NONE		
2. VACUUM PORCELAIN FURNACE	JELENKO AUTO LT VPF	1	A5
	UNITEK ULTRA-MAT CDF	1	A4
3. BURNOUT OVEN	JELENKO ACCU-THERM II ^150 / 2000	1	A5
	JELENKO ACCU-THERM II	1	A5
4. OTHER PROSTHETIC EQUIPMENT	NONE		

NAVMED 6750/4 (Rev. 5/91)

orig

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	45026
FACILITY	BRANCH DENTAL CLINIC, ANNEX GROTON, CT 06340		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	12' x 38'	
2. DENTAL TREATMENT ROOM	2	12' x 13'	
3. STERILIZATION ROOM	0		
4. X-RAY EXPOSURE ROOM	1	6' x 8'	TOO SMALL
5. DARKROOM	0		
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	1	4' x 4'	
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	0		

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	5' x 12'	TOO SMALL
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	0		COMMON FACILITY SHARED BY ALL DEPARTMENTS
17. TOILET FACILITY (FEMALE)	0		COMMON FACILITY SHARED BY ALL DEPARTMENTS
18. OTHER MAJOR ROOMS	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	2	(2) A4
2. DENTAL OPERATING CHAIR	ADEC PRIORITY 1005	1	A4
	MDT RELAXIDENT	1	A5

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	2	A4
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ CV 101	1	A5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AIR STAR	1	A5
6. STERILIZER	PELTON/CRANE VERNITRON (STEAM)	1	A5
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	NONE		
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NONE		
2. VACUUM PORCELAIN FURNACE	NONE		
3. BURNOUT OVEN	NONE		
4. OTHER PROSTHETIC EQUIPMENT	NONE		

NAVMED 6750/4 (Rev. 5/91)

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC NEW LONDON, CT
UIC: 35760

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

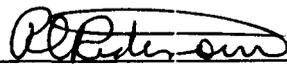
Date

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)


Signature

ACTING CHIEF BUMED
Title

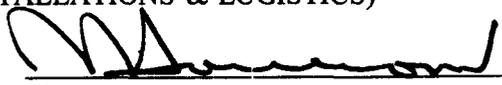
17 JUN 1994
Date

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

464

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC NEW LONDON, CT
UIC:	35760
Host Activity Name (if response is for a tenant activity):	NAVAL SUBMARINE BASE NEW LONDON, CT
Host Activity UIC:	00129

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 CENTER NEW LONDON, CT			UIC: 35760
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	24		24
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	24		24
2. Other Base Operating Support Costs:			
2a. Utilities	38		38
2b. Transportation	10		10
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	8		8
2j. Other (Specify) Communications	8		8
Engineering Support	13		13
2k. Sub-total 2a. through 2j:	77		77
3. Grand Total (sum of 1c. and 2k.):	101		101

**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	101
GRAND TOTAL 1A"3"	101

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC NEW LONDON, CT			UIC: 35760
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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC NEW LONDON, CT	UIC: 35760
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	12
Material and Supplies (including equipment): T, W, Y	147
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	10
Other Purchases (Contract support, etc.):	
Q - Personal Services Contracts	197
Q - Maintenance and Repair	24
Q - Engineering Support	13
Q - Custodial Services	9
M - Utilities	38
N - Communications	7
Total:	- 457

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC NEW LONDON, CT	UIC: 35760
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	4
Procurement:	
Other:*	
Total Workyears:	4

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

4

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

**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."

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
NEW LONDON, CT
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)

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

465

DATA CALL 63
FAMILY HOUSING DATA

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

Installation Name:	NDC Newport
Unit Identification Code (UIC):	66023
Major Claimant:	BUMED

Percentage of Military Families Living On-Base:	68%
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget (\$000):	131.3
Total Number of Officer Housing Units:	9
Total Number of Enlisted Housing Units:	16

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

Enclosure (1)

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

MAJOR CLAIMANT LEVEL

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

COMMANDER
Title

NAVAL FACILITIES ENGINEERING COMMAND
Activity


Signature
7/20/94
Date

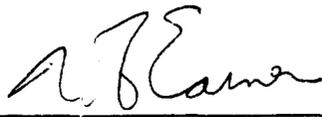
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

W. A. EARNER 

NAME (Please type or print)

Title


Signature
7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

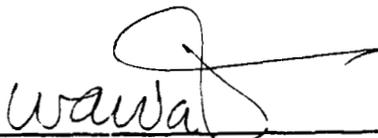
I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

W.A. Waters, CAPT, CEC, USN
NAME (Please type of print)

Commanding Officer
Title

NORTHNAVFACENCOM
Activity


Signature
7/7/94
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	Branch Dental Clinic Newport, RI <i>*This branch clinic is co-located with the Naval Dental Center Newport, RI, both share the same UIC of 66023</i>
Acronym(s) used in correspondence	BDC Newport, RI
Commonly accepted short title(s)	

- Complete Mailing Address: Branch Dental Clinic
Naval Education and Training
Command
Newport, RI 02841

- PLAD: NAVDENCEN NEWPORT RI

- PRIMARY UIC: 66023 (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 - (6)

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

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

• Yes _____ No x (check one)

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

• Yes x No _____ (check one)

- Primary Host (current) UIC: 62661
- 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
*BDC Newport is located in a building owned by NDC Newport	NETC, Newport	62661

UIC 66023
BDC NEWPORT

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

Name	UIC	Location	Host name	Host UIC
Branch Dental Annex, War College	45025	Newport, RI	Naval War College	00124
Branch Dental Annex, Pier II	46372	Newport, RI	DESRON SIX	52811

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.

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 changes anticipated.

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

-Provides initial comprehensive dental services to entry level officers and officer candidates training at NETC.

Projected Unique Missions for FY 2001

-Focus on "phase dentistry" which will delivery officers to the fleet in class 1 dental status.

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 Newport, RI</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 Contract	14	38	6 <u>2*</u>
• Tenants (total)	14	38	8

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command Contract	14 13 GSA	34	7 <u>2*</u>
• Tenants (total)	14	34	9

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, RI
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					

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.

UIC 66023
BDC NEWPORT

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 66023
BDC NEWPORT

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 R. I. Ridenour
ACTING CHIEF BUMED _____ Date 10 FEB 1994
Title _____
BUREAU OF MEDICINE & SURGERY
Activity _____

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

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

J. B. GREEN, JR
NAME (Please type of print) _____ Signature J. B. Green, Jr
ACTING _____ Date 16 FEB 1994
Title _____

Document Separator

**DATA CALL 66
INSTALLATION RESOURCES**

465

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC NEWPORT, RI
UIC:	46371
Host Activity Name (if response is for a tenant activity):	NAVAL EDUCATION AND TRAINING CENTER NEWPORT, RI
Host Activity UIC:	62661

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 CENTER NEWPORT, RI		UIC: 46371	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	12		12
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	12		12
2. Other Base Operating Support Costs:			
2a. Utilities	75		75
2b. Transportation	5		5
2c. Environmental	3		3
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) Communications	7		7
Engineering Support	13		13
2k. Sub-total 2a. through 2j:	103		103
3. Grand Total (sum of 1c. and 2k.):	115		115

**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	115
GRAND TOTAL 1A"3"	115

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC NEWPORT, RI			UIC: 46371
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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC NEWPORT, RI	UIC: 46371
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	9
Material and Supplies (including equipment): T, W, Y	108
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	5
Other Purchases (Contract support, etc.):	
Q - Personal Services Contracts	94
Q - Maintenance and Repair	12
Q - Engineering Support	15
Q - Custodial Services	34
M - Utilities	75
N - Communications	7
Total:	359

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC NEWPORT, RI	UIC: 46371
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	2
Procurement:	
Other:*	
Total Workyears:	2

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

2

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

**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."

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)

R. L. Jucovics
Signature

COMMANDING OFFICER
Title

19 JULY 1994
Date

BRANCH DENTAL CLINIC
NEWPORT, RI
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

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-26-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

8/6/94

Date

1163

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	NAVAL DENTAL CENTER, NEWPORT, RI
UIC:	66023
Host Activity Name (if response is for a tenant activity):	NAVAL EDUCATION AND TRAINING CENTER NEWPORT, RI
Host Activity UIC:	62661

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 CENTER NEWPORT, RI			UIC: 66023
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	22		22
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	22		22
2. Other Base Operating Support Costs:			
2a. Utilities	32		32
2b. Transportation	10		10
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	20	Civ 148 Mil 723	891
2j. Other (Specify) Communications Supply Operations Engineering Support	25 8	Mil 87	 120
2k. Sub-total 2a. through 2j:	95	958	1053
3. Grand Total (sum of 1c. and 2k.):	117	958	1075

**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	265
MPN	810
GRAND TOTAL 1A"3"	1075

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 CENTER, NEWPORT, RI		UIC: 66023	
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

**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: NAVAL DENTAL CENTER NEWPORT, RI	UIC: 66023
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	84
Material and Supplies (including equipment): T, W, Y	322
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	10
Other Purchases (Contract support, etc.):	
Q - Personal Services Contracts	96
Q - Maintenance and Repair	22
Q - Engineering Support	8
Q - Custodial Services	22
M - Utilities	32
N - Communications	23
Total:	619

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL DENTAL CENTER NEWPORT, RI	UIC: 66023
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	2
Procurement:	
Other:*	
Total Workyears:	2

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

2

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

**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."

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)

R. L. Jucovics
Signature

COMMANDING OFFICER
Title

14 JULY 1994
Date

NAVAL DENTAL CENTER NEWPORT
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)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-26-84

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

8/6/84

Date

Document Separator

465

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic NEWPORT, RI
ACTIVITY UIC: 46731 66023**

80440
MFB 825
6/14/94

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
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	125,294	169,674	166,037	175,465	139,672	140,413	140,682	140,682	140,682
UNMET *	15,593	21,115	20,663	21,836	17,382	17,474	17,508	17,508	17,508
TOTAL	140,887	140,789	186,700	197,302	157,054	157,887	158,190	158,190	158,190

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	339,348	332,075	350,931	279,344	280,826	281,364	281,364	281,364
UNMET	0	0	0	0	0	0	0	0
TOTAL	339,348	332,075	350,931	279,344	280,826	281,364	281,364	281,364

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 optimize 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)	9	9	9	9	9	9	9	9	9
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

Onborad as of May 1994

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC NEWPORT, RI
UIC: 66023/46371

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

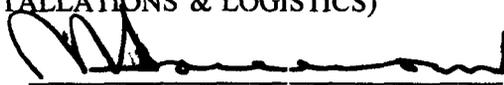
16 JUN 1994
Date

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

463

MILITARY VALUE ANALYSIS:

DATA CALL WORK SHEET FOR

DENTAL FACILITY: Branch Dental Newport, RI

ACTIVITY UIC: This clinic is co-located with Naval Dental Center Newport, RI and shares the same UIC of 66023, pending issue of UIC 46371 for this clinic.

Category.....Personnel Support

Sub-category.....Dental

Types.....Dental Clinics

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

TABLE OF CONTENTS

Mission Requirements

1. Mission
2. Customer Base
3. Workload per Capita
4. Projected Workload/Personnel
5. Training Programs

Facilities

6. Facilities Description
7. Programmed Improvements
8. Impact of Facilities' Condition

Location

9. Geographic Location
10. Manpower and Recruiting Issues

Features and Capabilities

11. Capabilities
12. Mobilization
13. Quality of Life

***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) *
NAPS	31176	NEWPORT, RI	259
NETC	62661	NEWPORT, RI	196
WAR COLLEGE ST	00124	NEWPORT, RI	173
WAR COLLEGE	30486	NEWPORT, RI	98
GSKL	42130	NEWPORT, RI	94
WAR GAMES	42134	NEWPORT, RI	93
SWOC	63190	NEWPORT, RI	78
ARMY WAR COLLEGE	00031	NEWPORT, RI	65
CBU408	66647	NEWPORT, RI	63
DENTAL	66023	NEWPORT, RI	52
AIR FORCE WAR COLLEGE	00041	NEWPORT, RI	50
USMC WAR COLLEGE	00021	NEWPORT, RI	50
BOOST	42115	NEWPORT, RI	40
NAPS	66128	NEWPORT, RI	36
JUSTICE SCHOOL	62750	NEWPORT, RI	35
NUWC	66604	NEWPORT, RI	35
REDCOM ONE	68351	NEWPORT, RI	33
PSD	43099	NEWPORT, RI	33
NAVY BAND	35400	NEWPORT, RI	32
NCTS	00710	NEWPORT, RI	30
NMCRCP	61821	NEWPORT, RI	22
DECA	49112	NEWPORT, RI	17
SMRGST	41986	NEWPORT, RI	15
USMC WAR COLLEGE	00020	NEWPORT, RI	13

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
LEGAL SERVICE	68340	NEWPORT, RI	12
ARMY WAR COLLEGE	00030	NEWPORT, RI	12
AFSTF	00040	NEWPORT, RI	12
ENLISTED ACADEMY	43728	NEWPORT, RI	11
BRIG STAFF	41729	NEWPORT, RI	9
RSG	52811	NEWPORT, RI	8
COAST GUARD WAR COLLEGE	00121	NEWPORT, RI	7
MOTU4	42983	NEWPORT, RI	7
USMC DET	53103	NEWPORT, RI	7
NDCO	44211	NEWPORT, RI	6
NOCD	62612	NEWPORT, RI	4
EODEET	30713	NEWPORT, RI	4
NSCDET	47313	NEWPORT, RI	4
COAST GUARD ST	00120	NEWPORT, RI	3

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 *	3,721
B. FY1993 MET WORKLOAD (CTVs)	125,294
C. FY1993 UNMET WORKLOAD (CTVs)	15,593
D. TOTAL WORKLOAD (B+C)	140,887
E. MET WORKLOAD PER CAPITA (B÷A)	33.7
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.2
G. WORKLOAD PER CAPITA (D÷A)	37.9

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

Maximum capacity for CTVs: 250,588, If staffing were to be increased to optimize clinic dental treatment room space.

Explanation:

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

***Based on current staffing and facilities, Row B is maximum capacity for CTVs.**

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	5,039	4,931	5,211	4,148	4,170	4,178	4,178	4,178
A: TOTAL MET CTVS	169,674	166,037	175,465	139,672	140,413	140,682	140,682	140,682
B: TOTAL UNMET CTVS	21,115	20,663	21,836	17,382	17,474	17,508	17,508	17,508
C: TOTAL WORKLOAD REQUIREMENT (A+B)	190,789	186,700	197,302	157,057	157,887	158,190	158,190	158,190
DENTISTS (MIL AND CIV)	9	9	9	9	9	9	9	9
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

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

Maximum capacity for CTVs: FY94 339,348, If staffing were increased to optimize 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, Newport, RI/Pt. care	15,400	16	Sub-standard
54010	BDA, NWC, Newport/Pt. care	875	20	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
C2-87	Expand NDC, Newport, RI	FY-95	\$273K
R1-92	A/C Unit Replacement, Bldg 1173	FY-95	\$110K
R2-92	Roof Repair, Bldg 1173	FY-95	\$200K

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.

C2-87; Expand Naval Dental Center, Newport, RI is essential to meet deficient square footage thus causing inadequate

administrative spaces for headquarters personnel. Presently four dental operatories are being utilized as administrative offices, modular re-configuration of internal spaces to accomodate personnel is at maximum capacity.

R1-92; Air Conditioning Unit Replacement, Bldg 1173 was initiated due to environmental concerns, age of the unit, and continual malfunctioning of the unit. Continual A/C problems costing additional funds to keep the unit functioning, continued equipment problems within the building due to excessive heat during the summer months. Building 1173 does not have windows that can be opened.

R2-92; Roof Repair, Bldg 1173 was initiated because of the continuing problem of roof leaks. Attempts to repair the roof have been unsuccessful, resulting in interior structural damages, to the ceiling, walls and carpets. R2-92 is essential to prevent further internal structural damages that may hinder the continuity of care provided.

LOCATION

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

-Clinic is located centrally on base making for easy access.

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

-Clinic is located centrally on base making for easy access.

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

-Air: Providence, RI, 30 miles.

-Rail: Providence, RI, 30 miles.

-Sea: Locale

-Ground: Locale

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

-Easy and 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?

-This clinic is able to recruit qualified civilian staff.

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 staff would have to travel to New London, CT (55 miles) to receive the nearest military dental care. Such discontinuation of services would have a tremendously adverse affect on the dental health and readiness of the active duty population.

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 staff would have to travel to New London, CT (55 miles) to receive the nearest military dental care. Such discontinuation of services would have a tremendously adverse affect on the dental health and readiness of the active duty population.

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 *
USNS COMFORT	46246	1
FLT HOSPITAL #3	68683	1

*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.

-Mission requirement will still be achieved.

13. Quality of Life.

Submission made by:
RLC: NETC, Newport, RI
UIC: 62661
BRAC Data Call: #23

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 January 1994	UIC	45025
FACILITY	BRANCH DENTAL CLINIC NAVAL WAR COLLEGE NEWPORT, RI 02841-5010		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	25' x 27'	
2. DENTAL TREATMENT ROOM	2	(2) 10' X 12'	(1) DTR HAS X-RAY CAPABILITY.
3. STERILIZATION ROOM	0		
4. X-RAY EXPOSURE ROOM	0		
5. DARKROOM	1	5' X 12'	USED AS CSR
6. PROSTHETIC LAB	0		
7. STOREROOM/ SUPPLY ROOM	1	4' x 5'	
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	0		

11. DENTAL REPAIR SHOP (PARTS STORAGE ONLY)	0		
12. PATIENT WAITING AREA	1	7' X 15'	ALSO USED FOR ADMIN
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	0		
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS COMPRESSOR ROOM	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

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

3. DENTAL OPERATING LIGHT	ADEC DECADE MOUNT	2	A-4 (2)
4. CENTRAL VACUUM SYSTEM	NONE		
5. AIR COMPRESSOR DEHYDRATOR	NONE		
6. STERILIZER	PELTON CRANE VALIDATOR 10 PLUS	1	A-4
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	NONE		
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	SEE PART IV		
2. VACUUM PORCELAIN FURNACE	SEE PART IV		
3. BURNOUT OVEN	SEE PART IV		
4. OTHER PROSTHETIC EQUIPMENT	NONE		

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT																																																																
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY																																																												
1. STATIONARY INTRA-ORAL	GENDEX 770	1	A4	20MAR93																																																												
2. MOBILE INTRA-ORAL	NONE																																																															
3. PANORAMIC	NONE																																																															
4. CEPHALOMETRIC	NONE																																																															
5. FILM PROCESSOR	AIR TECHNIQUES PERI-PRO II	1	A4	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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: AC		<input checked="" type="checkbox"/>	DC	a. VOLTAGE:	b. CYCLE:																																																											
2. GAS:	<input type="checkbox"/> NATURAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> ACETYLENE																																																												
PART IV - REMARKS AND RECOMMENDATIONS																																																																
<p>SEC B - PROSTHETIC FACILITY NOT ATTACHED</p> <p>1. PROSTHETIC PATIENTS ARE REFERRED TO BRANCH DENTAL CLINIC, NEWPORT RI. LOCATED ON THE SAME BASE.</p> <p>PART IV - REMARKS</p> <p>1. XRAY UNIT CONFORMS TO STATE AND FEDERAL PERFORMANCE STANDARDS.</p> <p>PART I - REMARKS</p> <p>1. ALL DENTAL TREATMENT ROOMS ARE SET UP FOR DENTAL TREATMENT.</p>																																																																
DATE 07 JAN 94		TYPED NAME AND GRADE R. L. JUCOVICS, CAPT, DC, USN		SIGNATURE <i>R. L. Jucovics</i>																																																												

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 January 1994	UIC	66023 / 46371
FACILITY	NAVAL DENTAL CENTER, NEWPORT, RI 02841-5046 BRANCH DENTAL CLINIC, NEWPORT, RI 02841-5046		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	124' x 160'	BUILDING 1173
2. DENTAL TREATMENT ROOM	16	(16) 10' X 12'	(1) ONE ROOM UTILIZE AS AN ADMIN SPACE.
3. STERILIZATION ROOM	1	10' X 18'	
4. X-RAY EXPOSURE ROOM	2	(2) 11' X 12'	
5. DARKROOM	1	7' X 8'	
6. PROSTHETIC LAB	1	24' X 28'	
7. STOREROOM/ SUPPLY ROOM	2	(1) 18' X 24' (1) 20' X 29'	
8. CONFERENCE ROOM	1	18' X 20'	
9. ADMINISTRATIVE OFFICE	1	14' X 35'	
10. DENTAL OFFICER'S OFFICE	1	10' X 10'	

11. DENTAL REPAIR SHOP	1	10' X 18'	INADEQUATE STORAGE SPACE	
12. PATIENT WAITING AREA	2	(2) 12' X 17'		
13. RECORDS CONTROL OFFICE	1	10' X 12'		
14. LOCKER ROOM (MALE)	3	(1) 8' X 12' (1) 8' X 11' (1) 8' X 14'		
15. LOCKER ROOM (FEMALE)	1	11' X 14'		
16. TOILET FACILITY (MALE)	7	(1) 6' X 12' (2) 6' X 6' (3) 5' X 8'	APPROX. SIZE CONT. (1) 6' X 7'	
17. TOILET FACILITY (FEMALE)	3	(1) 6' X 12' (2) 5' X 8'		
18. OTHER MAJOR ROOMS COMPRESSOR ROOM		SEE PART IV		
PART II - DENTAL EQUIPMENT				
SECTION A - DENTAL OPERATING EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL		QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE		15	(15) A-4
	ADEC MINI-TROL 4000		1	A-5
2. DENTAL OPERATING CHAIR	DENTAL EZ VS 13 PL-200 BAS		1	A-5
	ADEC PRIORITY		15	(15) A-4

3. DENTAL OPERATING LIGHT	ADEC EXCELLENCE MOUNT	15	(15) A-4
	PELTON & CRANE LFTN	2	(2) A-5
4. CENTRAL VACUUM SYSTEM	DENTAL EZ CD 210	2	(2) A-5
5. AIR COMPRESSOR DEHYDRATOR	WORTHINGTON WITH HANDISON DRIER	2	(2) A-5
6. STERILIZER	BLUE "M" DRY HEAT (H)	1	A-5
	MDT CASTLE MC3533 (S)	1	A-5
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	X-RAY CHAIR, KOENIGKRAMER 5000L	2	(2) A-4
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM MODULAR 3 MINI CAST	1	A-4
2. VACUUM PORCELAIN FURNACE	JELENKO FLAGSHIP	1	A-4
	UNITEK ULTRAMAT	1	A-4
3. BURNOUT OVEN	TICONIUM 3010-A1	1	A-4
	JELENKO ACCUTHERM 2000	2	(2) A-5
4. OTHER PROSTHETIC EQUIPMENT	NONE		

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	PHILLIPS ORALIX 70	1	A-4	MAR 93																														
	JULY 1988 GENDEX 770	1	A-4																															
	GENDEX 1000- APR 88	2	(2) A-4																															
2. MOBILE INTRA-ORAL	NONE																																	
3. PANORAMIC	GENDEX PAN	1	(2) A-4	NEW ITEM 20MAR91																														
	GENDEX PAN II	2																																
	MAR 1988																																	
4. CEPHALOMETRIC	NONE																																	
5. FILM PROCESSOR	GENDEX GXP	2	(2) A-4	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
PART III - UTILITIES																																		
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC	a. VOLTAGE: 120/220 b. CYCLE: 60																														
2. GAS:	<input type="checkbox"/> NATURAL	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/> BOTTLE <input type="checkbox"/> ACETYLENE																														
PART IV - REMARKS AND RECOMMENDATIONS																																		
<p>PART I- DENTAL FACILITY SPACES</p> <p>LINE 18- MECHANICAL ROOM (1) 30' X 30'</p> <p>EVACUATION ROOM (1) 8' X 12'</p> <p>ADMIN OFFICE (1) 10' X 12'</p> <p>COMPTROLLER OFFICE (1) 12' X 15'</p> <p>CUBICLES (5) 8' X 12'</p> <p>COMPUTER ROOM (1) 10' X 12'</p> <p>GEAR LOCKER (1) 7' X 9'</p> <p>LECTURE ROOM (1) 10' X 23'</p> <p>DUTY ROOM (1) 10' X 10'</p> <p>PROSTHETIC OFFICE (1) 5' X 11'</p> <p>PROSTHETIC SUPPLY (1) 10' X 17'</p> <p>SPECIAL PROJECTS: NDC NEWPORT PROJECT CRI-93 EXPAND NDC, NEWPORT BUMED PROGRAMMED FUNDING AND CONSTRUCTION FOR FY94. PROJECT R2-92, REPAIR ROOF RECLAMA REQUESTING CONSIDERATION FOR FY94 SWING FUNDS. REQUEST SUBMITTED 18 NOV 93.</p>																																		
DATE	TYPED NAME AND GRADE		SIGNATURE																															

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC NEWPORT, RI
UIC: 66023/46371

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)

R. L. Jucovics
Signature

Commanding Officer
Title

24 May 94
Date

Naval Dental Center Newport, RI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

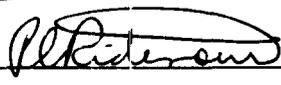
Date

Activity

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

MAJOR CLAIMANT LEVEL

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


*
Signature

ACTING CHIEF BUMED
Title

Date

16 JUN 1994

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

Date

80 JUN 1994

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	Branch Dental Clinic Portsmouth, NH
Acronym(s) used in correspondence	BDC Portsmouth, NH
Commonly accepted short title(s)	

- Complete Mailing Address: Branch Dental Clinic
Naval Shipyard
Portsmouth, NH 03801

- PLAD: BRDENCLINIC PORTSMOUTH NH

- PRIMARY UIC: 41774 (Plant Account UIC for Plant Account Holders)

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

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

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No x (check one)

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

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

• Yes _____ No x (check one)

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

• Yes x No _____ (check one)

- Primary Host (current) UIC: 00102
- 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		

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.

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 41774
BDC PORTSMOUTH

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

-70% of the patient population are submariners.
-There are no military dental facilities within a 1.5 hour driving radius.

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 Newport, RI</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 Contract	<u>2</u>	<u>4</u>	<u>1</u> <u>0*</u>
• Tenants (total)	<u>2</u>	<u>4</u>	<u>1</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command Contract	<u>2</u>	<u>3</u>	<u>1</u> <u>0*</u>
• Tenants (total)	<u>2</u>	<u>3</u>	<u>1</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, RI
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					

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.)
NAVY AND MARINE CORPS RES CENTER	Lawrence, MA	Dental Support
NAVY RECRUITING DEPOT BOSTON	Manchester, NH	"
MARINE CORPS RECRUITING	Portsmouth, NH	"
AIR FORCE/AIR NATIONAL GUARD	Pease, NH	"
U.S. ARMY HQ STARC	Concord, NH	"
76TH ARMORED DIV	Saco, NH	"
ARMY RECRUITING STATION	Portsmouth, NH	"
COAST GUARD STATION	Portsmouth, NH	"

14. FACILITY MAPS: ATTACHED

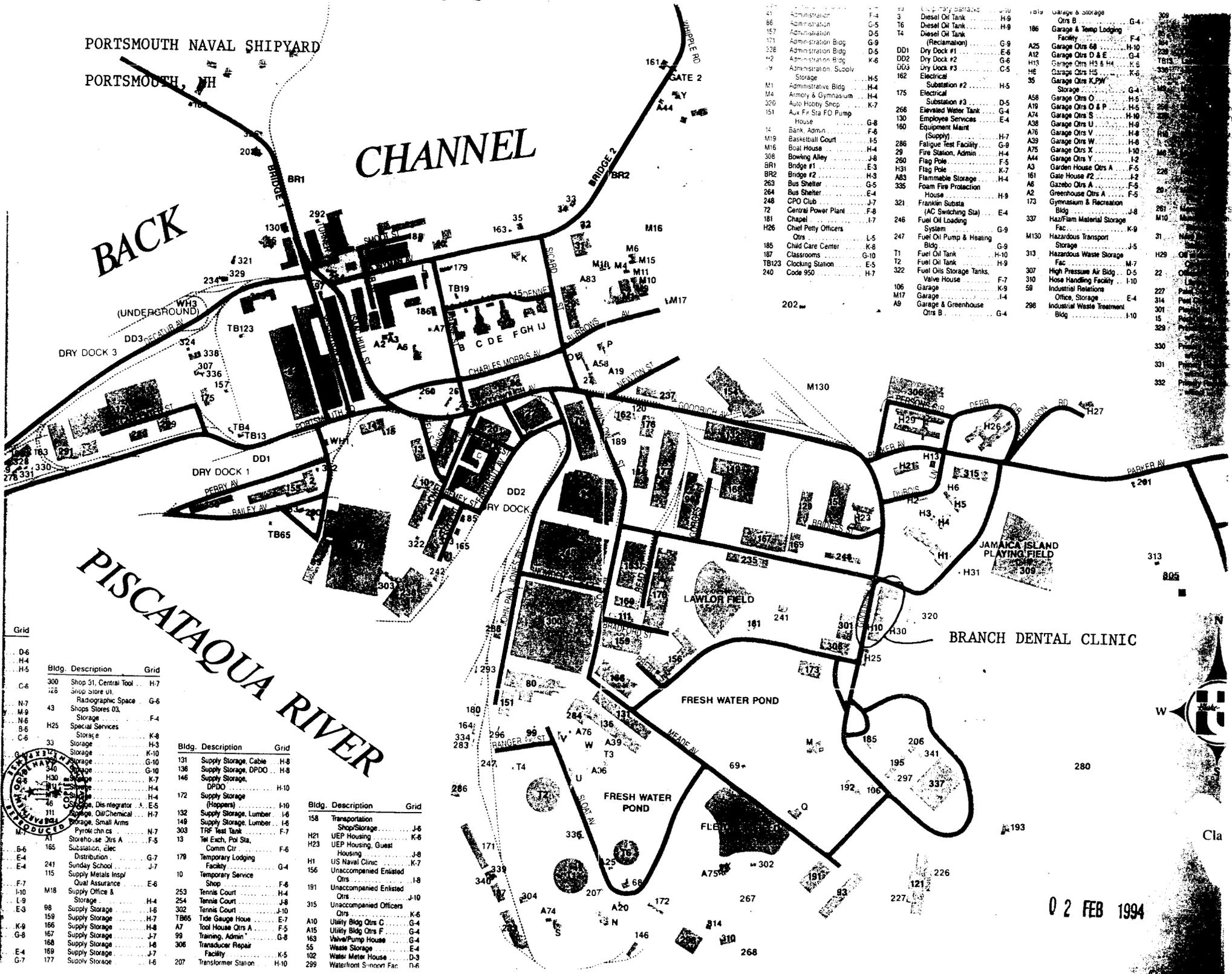
PORTSMOUTH NAVAL SHIPYARD

PORTSMOUTH, NH

CHANNEL

BACK

PISCATAQUA RIVER



41	Administration	F-4	3	Diesel Oil Tank	H-9	1819	Garage & Storage	G-4	309
66	Administration	G-5	16	Diesel Oil Tank	H-9	186	Garage & Temp Lodging	F-4	308
157	Administration	D-5	74	Diesel Oil Tank	H-9	A25	Garage Otrs 68	H-10	239
171	Administration Bldg	G-9		(Reclamation)	G-9	A12	Garage Otrs D & E	G-4	238
338	Administration Bldg	D-5	DD1	Dry Dock #1	E-6	H13	Garage Otrs H3 & H4	K-6	336
H2	Administration Bldg	K-6	DD2	Dry Dock #2	G-6	H6	Garage Otrs H5	K-6	337
19	Administration, Supply		DD3	Dry Dock #3	G-5	35	Garage Otrs K,P,W		338
	Storage	H-5		Electrical		A58	Storage	G-4	339
M1	Administrative Bldg	H-4	175	Substation #2	H-5	A19	Garage Otrs O	H-5	340
M4	Armory & Gymnasium	H-4		Electrical		A74	Garage Otrs O & P	H-5	341
300	Auto Hobby Shop	H-4		Substation #3	D-5	A38	Garage Otrs S	H-10	342
151	Aux Fr Sta FO Pump	K-7	266	Elevated Water Tank	G-4	A76	Garage Otrs T	H-8	343
	House		130	Employee Services	E-4	A39	Garage Otrs U	H-8	344
14	Bank, Admin	F-6	180	Equipment Maint	(Supply)	A75	Garage Otrs V	H-8	345
M19	Basketball Court	I-5	286	Fatigue Test Facility	H-7	A44	Garage Otrs W	H-8	346
M16	Boat House	H-4	29	Fire Station, Admin	H-4	A3	Garage Otrs X	H-10	347
308	Bowling Alley	J-8	260	Flag Pole	F-5	A83	Garage Otrs Y	I-2	348
BR1	Bridge #1	E-3	H31	Flag Pole	K-7	335	Garden House Otrs A	F-5	349
BR2	Bridge #2	H-3		Flammable Storage	H-4	321	Gate House #2	J-2	350
263	Bus Shelter	G-5		Foam Fire Protection	A2	246	Gazebo Otrs A	F-5	351
264	Bus Shelter	E-4		House	H-9	173	Greenhouse Otrs A	F-5	352
248	CPO Club	J-7		Franklin Substa		337	Gymnasium & Recreation	J-8	353
72	Central Power Plant	F-8		(AC Switching Sta)	E-4	M130	Haz/Fam Material Storage	K-9	354
181	Chapel	J-7		Fuel Oil Loading	G-9	313	Hazardous Transport	J-5	355
H26	Chief Petty Officers			System	G-9		Storage	J-5	356
	Otrs	L-5	247	Fuel Oil Pump & Heating	G-9		Hazardous Waste Storage	J-5	357
185	Child Care Center	K-8	T1	Fuel Oil Tank	H-10		Fac	M-7	358
187	Classrooms	G-10	T2	Fuel Oil Tank	H-9		Fac	M-7	359
TB123	Clocking Station	E-5	322	Fuel Oils Storage Tanks,		307	High Pressure Air Bldg	D-5	360
240	Code 950	H-7		Valve House	F-7	310	House Handing Facility	I-10	361
				Garage	K-9	58	Industrial Relations		362
				Garage & Greenhouse	I-4	298	Office Storage	E-4	363
				Otrs B	G-4		Industrial Waste Treatment	I-10	364

Grid	Bldg. Description	Grid
D-6		
H-4		
H-5		
C-6	300 Shop 31, Central Tool	H-7
	128 Shop Store 01, Radiographic Space	G-6
N-7	43 Shops Stores 03, Storage	F-4
M-9		
N-6	H25 Special Services	F-4
B-6	Storage	K-8
C-6	33 Storage	H-3
	Storage	K-10
	Storage	G-10
	340 Storage	G-10
	Storage	K-7
	Storage	H-4
	Storage	H-4
	46 Storage, Disintegrator	E-5
	111 Storage, Oil/Chemical	H-7
	Storage, Small Arms	
M-2	Pyrotechnics	N-7
	Storehouse Otrs A	F-5
B-6	165 Substation, elec	
E-4	Distribution	G-7
E-4	241 Sunday School	J-7
	Supply Metals Insp/Qual Assurance	
F-7	M15	E-6
I-10	118 Supply Office & Storage	H-4
L-9	98 Supply Storage	I-6
E-3	159 Supply Storage	H-7
	166 Supply Storage	H-8
G-8	167 Supply Storage	J-7
	168 Supply Storage	I-8
E-4	169 Supply Storage	J-7
G-7	177 Supply Storage	I-6

Bldg. Description	Grid
131 Supply Storage, Cable	H-8
136 Supply Storage, DPDO	H-8
146 Supply Storage, DPDO	H-10
172 Supply Storage (Hoppers)	I-10
132 Supply Storage, Lumber	I-6
149 Supply Storage, Lumber	I-6
303 TRF Test Tank	F-7
13 Tel Exch, Pol Sta, Comm Ctr	F-6
178 Temporary Lodging Facility	G-4
10 Temporary Service Shop	F-6
253 Tennis Court	H-4
254 Tennis Court	J-8
302 Tennis Court	J-10
TB65 Tide Gauge House	E-7
A7 Tool House Otrs A	F-5
99 Training, Admin	G-8
306 Transducer Repair Facility	K-5
207 Transformer Station	H-10

Bldg. Description	Grid
158 Transportation Shop/Storage	J-6
H21 UEP Housing	K-6
H23 UEP Housing, Guest	J-8
H1 US Naval Clinic	K-7
156 Unaccompanied Enlisted Otrs	I-8
191 Unaccompanied Enlisted Otrs	J-10
315 Unaccompanied Officers Otrs	K-6
A10 Utility Bldg Otrs C	G-4
A15 Utility Bldg Otrs F	G-4
163 Valve/Pump House	G-4
55 Waste Storage	E-4
102 Water Meter House	D-3
299 Waterfront Support Fac	D-6

02 FEB 1994



UIC 41774
BDC PORTSMOUTH

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)

R. L. Jucovics
Signature

Commanding Officer
Title

1 Feb 94
Date

NAVAL DENTAL CENTER NEWPORT, RI
Activity

UIC 41774
BDC PORTSMOUTH

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print)

x R.I. Ridenour
Signature

ACTING CHIEF BUMED

10 FEB 1994

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)

J.B. Greene, Jr.
Signature

ACTING

16 FEB 1994

Title

Date

Document Separator

473

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic PORTSMOUTH, ME
ACTIVITY UIC: 41774**

**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
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	26,114	38,306	37,628	37,703	37,591	37,591	37,591	37,591	37,591
UNMET *	3,091	4,535	4,454	4,463	4,450	4,450	4,450	4,450	4,4450
TOTAL	29,205	42,840	42,083	42,167	42,040	42,040	42,040	42,040	42,040

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	76,611	75,256	75,407	75,181	75,181	75,181	75,181	75,181
UNMET	0	0	0	0	0	0	0	0
TOTAL	76,611	75,256	75,407	75,181	75,181	75,181	75,181	75,181

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 optimize 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)	2	2	2	2	2	2	2	2	2
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 PORTSMOUTH, NH
UIC: 41774

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)

R. L. Jucovic
Signature

Commanding Officer
Title

24 May 94
Date

Naval Dental Center Newport, RI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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



Signature

16 JUN 1994

ACTING CHIEF BUMED
Title

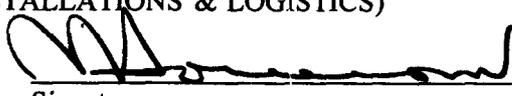
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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



Signature

ACTING
Title

28 JUN 1994

Date

473

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Portsmouth, NH
ACTIVITY UIC: 41774

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

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

TABLE OF CONTENTS

Mission Requirements

1. Mission
2. Customer Base
3. Workload per Capita
4. Projected Workload/Personnel
5. Training Programs

Facilities

6. Facilities Description
7. Programmed Improvements
8. Impact of Facilities' Condition

Location

9. Geographic Location
10. Manpower and Recruiting Issues

Features and Capabilities

11. Capabilities
12. Mobilization
13. Quality of Life

*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. 60% of patient population are submariners.

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) *
NAVAL SHIPYARD	00102	PORTSMOUTH, NH	235
RESERVE CENTER		PORTSMOUTH, NH	195
COAST GUARD		PORTSMOUTH, NH	160
USS PHILADELPHIA	20204	PORTSMOUTH, NH	154
USS PITTSBURGH	21030	PORTSMOUTH, NH	151
USS MEMPHIS	20782	PORTSMOUTH, NH	150
US ARMY		PORTSMOUTH AND CONCORD, NH	92
USAF		PEASE, NH	86

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 *	694
B. FY1993 MET WORKLOAD (CTVs)	26,114
C. FY1993 UNMET WORKLOAD (CTVs)	3,091
D. TOTAL WORKLOAD (B+C)	29,205
E. MET WORKLOAD PER CAPITA (B÷A)	37.6
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.5
G. WORKLOAD PER CAPITA (D÷A)	42.1

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

Maximum capacity for CTVs: 52,228, 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 *	1,018	1,000	1,002	999	999	999	999	999
A: TOTAL MET CTVs	38,306	37,628	37,703	37,591	37,591	37,591	37,591	37,591
B: TOTAL UNMET CTVs	4,535	4,454	4,463	4,450	4,450	4,450	4,450	4,450
C: TOTAL WORKLOAD REQUIREMENT (A+B)	42,840	42,083	42,167	42,040	42,040	42,040	42,040	42,040
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	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 76,611, If staffing were to be increase to optimize 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, Portsmouth/Pt. care	2,170	52	Sub-standard

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.

The square footage utilized by the branch clinic is insufficient. There is little to no space for an adequate locker room, the CSR is too small, there is little storage space for

supplies. The base Public Works department is working with the branch director to try to accomodate thier need for additional space.

LOCATION

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

-75% of patient population can reach the clinic within a 5 minute walk.

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

-75% of patient population can reach the clinic within a 5 minute walk.

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

-Air: Boston, MA, 1 hour.

-Rail: Boston, MA, 1 hour.

-Sea: Boston, MA, 1 hour.

-Ground: Boston, MA, 1 hour.

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?

-This clinic has no difficulty with hiring qualified civilian staff.

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 would have to travel 1.5 hours to Brunswick, ME to receive military dental care. Such discontinuation of services would have a tremendously adverse affect on dental readiness and services.

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 1.5 hours to Brunswick, ME to receive military dental care. Such discontinuation of services would have a tremendously adverse affect on dental readiness and services.

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: Portsmouth Naval Shipyard, HN

UIC: 00102

BRAC Data Call: #42



DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 JANUARY 1994	UIC	41774
FACILITY	BRANCH DENTAL CLINIC, PORTSMOUTH NAVAL SHIPYARD, PORTSMOUTH, NH		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BRANCH DENTAL CLINIC,	1	85' X 27'	ADEQUATE
2. DENTAL TREATMENT ROOM	4	(1) 9' X 11' (2) 11' X 11' (1) 10' X 12'	ADEQUATE
3. STERILIZATION ROOM	1	(1) 5' X 10'	INADEQUATE TOO SMALL
4. X-RAY EXPOSURE ROOM	1	(1) 9' X 11'	ADEQUATE
5. DARKROOM	1	(1) 5' X 9'	ADEQUATE
6. PROSTHETIC LAB	1	(1) 9' X 9'	ADEQUATE
7. STOREROOM/ SUPPLY ROOM	1	9' X 6'	INADEQUATE TOO SMALL
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	1	(1) 9' X 9'	ADEQUATE
10. DENTAL OFFICER'S OFFICE	1	(1) 10' X 13'	ADEQUATE



11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	(1) 11' X 14'	ADEQUATE
13. RECORDS CONTROL OFFICE	1	(1) 10' X 14'	ADEQUATE
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	1	(1) 10' X 10'	ADEQUATE
17. TOILET FACILITY (FEMALE)	1	(1) 6' X 7'	ADEQUATE
18. OTHER MAJOR ROOMS UTILITY ROOM	1	(1) 10' X 11'	ADEQUATE
STAFF LOUNGE	1	(1) 9' X 10'	ADEQUATE

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	4	A-4 (4)
2. DENTAL OPERATING CHAIR	ADEC 1005	4	A-4 (4)



3. DENTAL OPERATING LIGHT	ADEC 6300	4	A-4 (4)
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ TURBINE CD-205	2	A-4 (2)
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES A12-T	1	A-4 (1)
6. STERILIZER	VALIDATOR PLUS AD VERNITRON 8080RT	2 1	A-4 (2) A-4 (1)
7. LIFE SUPPORT EQUIPMENT		0	
8. OTHER MAJOR EQUIPMENT	X-RAY CHAIR KOENIGKRAMER 5000L	1	A-4 (1)
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	JELENKO ACCU-THERM 250	1	A-4 (1)
4. OTHER PROSTHETIC EQUIPMENT	TICONIUM 3165-A1 GRINDER/POLISH HANDLER DUST COLLECTOR WITH MODEL 26 LATHE KERR CENTRIFICO BROKEN ARM	1 1	A-4 (1) A-4 (1)



SECTION C - DENTAL X-RAY EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CCDE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX 1000 MAY 1984	1	A-4 (1)	21JUN93
2. MOBILE INTRA-ORAL				
3. PANORAMIC	J. MORITA PANORAL A1 MAY 1985	1	A-4 (1)	21JUN93
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUES AT2000	1	A-4 (1)	

PART III - UTILITIES

1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 120/220	b. CYCLE: 60			
2. GAS:		NATURAL		COMMERCIAL	<input checked="" type="checkbox"/>	BOTTLE		ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

PART I, LINE 3: CSR IS TOO SMALL TO ALLOW FOR ADEQUATE SEPARATION OF PRESTERILIZATION PROCESSING, TERMINAL STERILIZATION, AND POST STERILIZATION PROCESSING.

PART I, LINE 7: PROJECT "E", CORRECT EGRESS DEFICIENCIES, BLDG. H-10, HAS BEEN SUBMITTED TO ENLARGE BUILDING ENTRANCE. THIS WILL REDUCE SUPPLY STORAGE SPACE BY 60%.

PART I, LINE 2: ALL DENTAL TREATMENT ROOMS ARE SET UP FOR DENTAL TREATMENT.

DATE 01 JAN 94	TYPED NAME AND GRADE R. A. HOUK LCDR, DC, USN	SIGNATURE
-------------------	--------------------------------------------------	---------------

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC PORTSMOUTH, NH
UIC: 41774

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)

R. L. Jucovics
Signature

Commanding officer
Title

24 May 94
Date

Naval Dental Center Newport, RI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

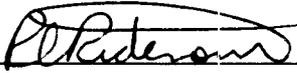
Date

Activity

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

MAJOR CLAIMANT LEVEL

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



Signature

ACTING CHIEF BUMED
Title

16 JUN 1994

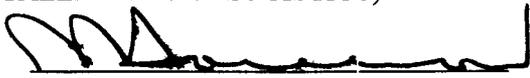
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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



Signature

ACTING
Title

30 JUN 1994

Date

473

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC PORTSMOUTH, NH
UIC:	41774
Host Activity Name (if response is for a tenant activity):	PORTSMOUTH NAVAL SHIPYARD PORTSMOUTH, NH
Host Activity UIC:	00102

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 CENTER PORTSMOUTH, NH			UIC: 41774
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3		3
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	3		3
2. Other Base Operating Support Costs:			
2a. Utilities	3		3
2b. Transportation			
2c. Environmental	5		5
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)			
2k. Sub-total 2a. through 2j:	11		11
3. Grand Total (sum of 1c. and 2k.):	14		14

**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	14
GRAND TOTAL 1A"3"	14

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC PORTSMOUTH, NH			UIC: 41774
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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC PORTSMOUTH, NH	UIC: 41774
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	5
Material and Supplies (including equipment): T, W, Y	17
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	
Other Purchases (Contract support, etc.):	
Q - Maintenance and Repair	3
Q - Engineering Support	6
Q - Custodial Services	6
M - Utilities	3
N - Communications	4
Total:	44

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC PORTSMOUTH, NH	UIC: 41774
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.

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

0

2) Estimated number of workyears which would be eliminated:

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

**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."

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)

R. L. Jucovics
Signature

COMMANDING OFFICER
Title

19 JULY 1994
Date

BRANCH DENTAL CLINIC
PORTSMOUTH, NH
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)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

8-26-94

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

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, Prosthetic Laboratory, Great Lakes, Il</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>N/A</i>

● Complete Mailing Address

Naval Dental Center, Bldg. 73
 2707 Sheridan Road
 Great Lakes, IL 60088-5258

● PLAD

NAVDENCEN GREAT LAKES IL

● PRIMARY UIC: 68326 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

● Yes _____ No x (check one)

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

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

• Yes No (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: 00211

• Primary Host (as of 01 Oct 1995) UIC: 00211

• Primary Host (as of 01 Oct 2001) UIC: 00211

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

- No impact for BRAC 88 and 91.
- BRAC 93 will increase the recruit population 23K to 58K per year - a 150% increase.
- Expect corresponding increases in prosthetic laboratory output need along with increases in dollars and manpower.

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

Current Missions

- To provide prosthetic laboratory support to all clinicians within the command who provide prosthodontic services.
- To educate our customers to provide us with quality impressions, casts, dies, mounted cases, and properly filled out laboratory prescriptions. This will help avoid confusion, conserve time and efforts and enable us to fabricate highest quality prostheses.
- To train our enlisted personnel in all aspects of their rating, including a heavy focus on administration, supply, and other areas outside the dental laboratory environment. This improves their chances for advancement and retention in the Navy during periods of draw down and reduction in force.

Projected Missions for FY 2001

- Increased demand for prosthodontic services will foster increased production as all Naval personnel become more aware of the impact of comprehensive dental care on fleet dental readiness.

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.

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>1</u>	<u>18</u>	<u>N/A</u> N/A*
● 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>2 O GSA</u>	<u>22 O GSA</u>	<u>N/A</u> N/A*
● 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	M. T. BARCO	(708) 688-2230	(708) 688-3706	(708) 473-4522
● Duty Officer		(708) 688-2100	(708) 688-3706	[N/A]
● Branch Director	W. G. GOLDEN	(708) 688-5692	(708) 688-3706	(708) 785-9127
● BRAC Coordinator	J. S. CLASS	(708) 688-5675	(708) 688-3706	(708) 362-7811

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Branch Dental Clinic</i>	<i>GLAKES, IL</i>	<i>Prosthetic laboratory and treatment.</i>
<i>Branch Dental Clinic, Recruit Inprocessing</i>	<i>GLAKES, IL</i>	<i>Prosthetic laboratory support.</i>
<i>Branch Dental Clinic, Recruit Treatment</i>	<i>GLAKES, IL</i>	<i>Prosthetic laboratory support.</i>
<i>Branch Dental Clinic, NAS Glenview</i>	<i>GLENVIEW, IL</i>	<i>Prosthetic laboratory support.</i>
<i>Branch Dental Clinic, NAF Detroit</i>	<i>MT. CLEMMENS, MI</i>	<i>Prosthetic laboratory support.</i>
<i>Branch Dental Clinic, MCAS, Kansas City</i>	<i>KANSAS CITY, MO</i>	<i>Prosthetic laboratory support.</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.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. T. BARCO

NAME (Please type or print)



Signature

COMMANDING OFFICER

Title

01 Feb 94

Date

NAVAL DENTAL CENTER, GREAT LAKES, IL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC _____

NAME (Please type or print)

D. Hagen

Signature

SURGEON GENERAL/CHIEF BUMED _____

Title

2-8-94

Date

BUREAU OF MEDICINE & SURGERY _____

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene Jr

Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

474

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVDENCEN GREAT LAKES IL
ACTIVITY UIC: 68326

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

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

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload per Capita	5
4. Projected Workload/Personnel	6
5. Training Programs	7
Facilities	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
Location	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
Features and Capabilities	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

MISSION REQUIREMENTS

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

Our primary mission is to provide comprehensive, high quality dental care in a responsive and caring environment to Navy and Marine Corps units and other authorized beneficiaries in the assigned geographic area. Naval Dental Center, Great Lakes is a unique command by virtue of the Navy's only specifically designed "combined" medical and dental in-processing facility providing the largest and most efficient capability for processing extensive numbers of recruits. Additionally, we are responsible for providing quality dental treatment to ensure maximum Operational Dental Readiness to an excessively large number of staff and students assigned to Service School Command and to other component and tenant commands of Naval Training Center, Great Lakes, Illinois.

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	37635 0
B. FY1993 MET WORKLOAD (CTVs)	2127 0
C. FY1993 UNMET WORKLOAD (CTVs)	0
D. TOTAL WORKLOAD (B+C)	2127 0
E. MET WORKLOAD PER CAPITA (B÷A)	.05 0
F. UNMET WORKLOAD PER CAPITA (C÷A)	0
G. WORKLOAD PER CAPITA (D÷A)	.05 0

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

Maximum capacity for CTVs:

Explanation:

This is a clinical Administrative Headquarters only NO clinical Treatment provided at this location. all Treatment provided at vics 44542, 43830, + 43831.

-all providers for vics 44542, 43830 + 43831 are assigned to this vic, But are listed under Clinic vics for this BRAC DATA call (28+29).

*940623
Miley MCD 63*

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	48758 ⁰	69610 ⁰	75074 ⁰					
A: TOTAL MET CTVs	2127 ⁰							
B: TOTAL UNMET CTVs	0	0	0	0	0	0	0	0
C: TOTAL WORKLOAD REQUIREMENT (A+B)	50885 ⁰	71737 ⁰	77201 ⁰					
DENTISTS (MIL AND CIV)	1 ⁰							
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

*940023
MGP63
[Signature]*

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

Maximum capacity for CTVs: ~~2127~~

Explanation: UIC 68326 includes Headquarters and the Prosthetic Lab. CO/XO not included.

No providers work at this UIC Bldg - all providers listed under Clinic UICs

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
MIDWINTER CONFERENCE	60	90	90	90	90	90	90	90
BASIC CARDIAC LIFE SUPPORT	250	375	375	375	375	375	375	375
RED CROSS VOLUNTEER, DENTAL ASSISTANT	15	20	20	20	20	20	20	20
GENERAL MILITARY TRAINING, MONTHLY	150	225	225	225	225	225	225	225
PROFESSIONAL INSERVICE TRAINING, MONTHLY	175	262	262	262	262	262	262	262
TABLE CLINIC'S	60	90	90	90	90	90	90	90
ANNUAL RESERVE CONFERENCE	80	120	120	120	120	120	120	120

Note: Includes NDC Great Lakes UIC's 68326, 44542, 43830 and 43831.

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
68326	73/ADMIN	13,921	51	ADEQUATE
68326	152/LABORATORY	3,240	50	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 January 1994	UIC	68326
FACILITY	Naval Dental Center Headquarters, Bldg. 73 Great Lakes, IL 60088		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	13,921 sqft	
2. DENTAL TREATMENT ROOM			
3. STERILIZATION ROOM			
4. X-RAY EXPOSURE ROOM			
5. DARKROOM			
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1 1 1	39.5' x 13.5' 24' x 13' 5' x 13'	
8. CONFERENCE ROOM	1	32' x 37.5'	
9. ADMINISTRATIVE OFFICE	27		SEE PART V.
10. DENTAL OFFICER'S OFFICE	1 1	18.5' x 21.5' 12' x 24'	

11. DENTAL REPAIR SHOP	1 1 1	29' x 13.5' 13.5' x 13.5' 11' x 13.5'	
12. PATIENT WAITING AREA			
13. RECORDS CONTROL OFFICE			
14. LOCKER ROOM (MALE)			PART OF MALE TOILET FACILITY
15. LOCKER ROOM (FEMALE)			PART OF FEMALE TOILET FACILITY
16. TOILET FACILITY (MALE)	1 1 1	4' x 9' 13' x 19' 13' x 8.5'	
17. TOILET FACILITY (FEMALE)	1	13' x 19'	
18. OTHER MAJOR ROOMS LOUNGE LOUNGE QUARTERDECK	1 1 1	5' x 12' 9' x 12' 13.5' x 21.5'	
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC MICROCART	1	A-7
2. DENTAL OPERATING CHAIR			

3. DENTAL OPERATING LIGHT	PELTON CRANE LF II	1	A-4 (1)
	ADEC 6300	2	A-4 (2)
4. CENTRAL VACUUM SYSTEM			
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES COMPRESSO DRI 64	1	A-6
6. STERILIZER			
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL				
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIR TECHNIQUES AT-2000	1	A-6	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/> DC	a. VOLTAGE: 115/230 b. CYCLE: 60		
2. GAS:	<input type="checkbox"/> NATURAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
PART 1 LINE 9, 11				
LINE	SPACES	NUMBER	SIZE	REMARKS
9	ADMINISTRATIVE OFFICES	22	11' x 12'	
		1	10' x 21.5'	
		1	10' x 11'	
		1	22' x 12'	
		1	8' x 11'	
		1	8' x 8'	
13	DENTAL REPAIR	1	10.5' x 13'	MECHANICAL RM
		1	5' x 13'	HARDWARE RM
		1	9' x 13.5'	TOOL RM
DATE	TYPED NAME AND GRADE		SIGNATURE	
03 Jun 94	M. T. BARCO, CAPT, DC, USN			

DENTAL EQUIPMENT AND FACILITIES REPORT

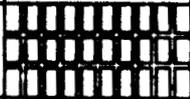
DATE OF REPORT	01 January 1994	UIC	68326
FACILITY	Naval Dental Clinic Building 152 Great Lakes, IL 60088		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	3,240 sqft	
2. DENTAL TREATMENT ROOM	2	9' x 12'	
3. STERILIZATION ROOM	1	12' x 10'	
4. X-RAY EXPOSURE ROOM			
5. DARKROOM			
6. PROSTHETIC LAB	1	27' x 27' 12' x 18'	
7. STOREROOM/ SUPPLY ROOM	1	15' x 8'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	12' x 9'	
10. DENTAL OFFICER'S OFFICE	1	12' x 10'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	16' x 12'	
13. RECORDS CONTROL OFFICE			
14. LOCKER ROOM (MALE)	1	12' x 12'	
15. LOCKER ROOM (FEMALE)	1	21' x 5'	
16. TOILET FACILITY (MALE)	1	12' x 10'	
17. TOILET FACILITY (FEMALE)	1	15' x 5'	
18. OTHER MAJOR ROOMS CASTING ROOM POLISHING ROOM LOUNGE	1 1 1	12' x 9' 11' x 6.5' 12' x 8'	
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 4200	1	A-5
	ADEC 2070	1	A-4
2. DENTAL OPERATING CHAIR	DENTAL EZ JS ADEC 1005	1 1	A-5 A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	3	A-4
4. CENTRAL VACUUM SYSTEM	AIR TECHNIQUES VACSTAR 8	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES 56000	1	A-4
6. STERILIZER			
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NOBILIUM MODULAR 5	1	A-4
	TICONIUM TICOMATIC 3001C	1	A-5
	DENTSPLY DICOR	1	A-4
2. VACUUM PORCELAIN FURNACE	DENTSPLY MULTIMAT 99	4	A-4
3. BURNOUT OVEN	JELRUS TEMPMASTER	3	A-4
	TICONIUM 3010-A1	2	A-4
	TICONIUM 405511	1	A-4
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				
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR				
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 115/230 b. CYCLE: 60
2. GAS:	<input checked="" type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL <input checked="" type="checkbox"/>
				BOTTLE ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
<p>SPECIFIC CONSTRUCTION PROJECT: CENTRAL STERILIZATION ROOM LOCAL PROJECT NUMBER: 30615 ESTIMATED START DATE: JAN 92</p>				
DATE	TYPED NAME AND GRADE		SIGNATURE	
03 Jan 94	M. T. BARCO, CAPT, DC, USN			

LOCATION

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

a. What is the importance of your location relative to the clients supported? **Dental facilities have been specially designed to accompany the varied dental treatment needs of the population they are supporting.**

b. What are the nearest air, rail, sea, and ground transportation modes? **Air: Waukegan Municipal Airport - 8 miles, O'Hare International Airport - 30 miles, Milwaukee International Airport - 50 miles; Rail: Northwestern RR Station - 450 yards from the Center's main gate; Ground: Buses to major metropolitan areas transit the base to established stops.**

c. What is the importance of your location given your mobilization requirements? **Insignificant. Known mobilization requirements are for platforms geographically separated from the command.**

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? **Close proximity to two large metropolitan areas: Chicago, IL - 30 miles & Milwaukee, WI - 50 miles.**

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? **Increase in non-federal delivery of dental care would result in an increase in dollar costs paid by NUMDA. Efficiency would be decreased in processing RTC and SSC trainees/students. Increased delay of treatment of dental diseases for NTC staff and students. Decrease in control and quality of care/access to all students and staff.**

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. **All personnel use non-federal delivery of 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
USS BELLEAU WOOD	20633	1
USNS COMFORT T-AH 20	21560	1
NO TITLE	46246	1
NO TITLE	46977	1
NAVAL HOSPITAL GUANTANAMO BAY	61564	1
2ND FSSG	68408	1
FLTHOSP #4 500-BED GBZ	68685	2

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. **If each training course required by BUMEDINST 6440.5A is estimated to be at least a minimum of one week (excluding Basic Life Support), then twenty five weeks would be required to bring these staff members up to requirements.**

13. Quality of Life. Refer to NTC Great Lakes N00210 Military Value Analysis Data Call #23.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

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)

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 Served 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

John S. Class, LCDR, MSC, USN
NAME (Please type or print)


Signature

Branch Director
Title

27 MAY 94
Date

HQ NAVDENCEN GREAT LAKES IL
Activity

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

NEXT ECHELON LEVEL (if applicable)

MARTIN T. BARCO, CAPT, DC, USN

NAME (Please type or print)

Commanding Officer

Title

NAVDENCEN Great Lakes

Activity


Signature

31 MAY 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

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

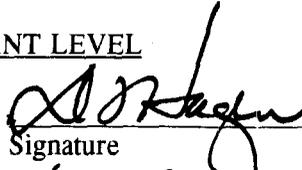
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity


Signature

6-30-94
Date

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

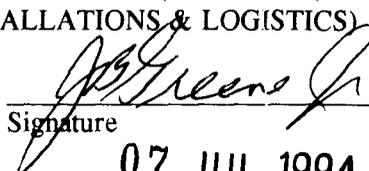
**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title


Signature

07 JUL 1994
Date

Document Separator

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

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

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

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

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

ACTIVITY COMMANDER

Gordon K. Dowery
NAME (Please type of print)
Director, DMFO
Title
OASD(HA)
Activity

Gordon K. Dowery
Signature
7/8/94
Date

Document Separator

~~0608A~~ 35749

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 Marine Corps Combat Development Command Quantico VA
Acronym(s) used in correspondence	BDC MCCDC QUANTICO
Commonly accepted short title(s)	Branch Dental Clinic/Mann Hall

• Complete Mailing Address

Director
Branch Dental Clinic
2004 Barnett Ave
Suite 27 MCCDC
Quantico, VA 22134-5008

• PI(AT) BRDENCLINIC QUANTICO

35749

• PRIMARY UIC: 0608A (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)

~~003A~~
35749 GPM

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: MCC 012 (Monitor CMD Code)
- Primary Host (as of 01 Oct 1995) UIC: MCC 012
- Primary Host (as of 01 Oct 2001) UIC: MCC 012

• **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		

~~0605A~~ CSN
35749

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.

N/A

~~SECRET~~ GSA
35749

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, tenant commands and other personnel in the assigned geographic area .
- Operate assigned component dental care facilities.
- Ensure that all assigned military personnel are both aware of and properly trained.
- Ensure that the branch clinic and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

Projected Missions for FY 2001

- N/A
-
-
-
-

~~0608A~~ GSA

35749

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

Current Unique Missions

- Provide dental treatment and/or establish initial dental records for training commands, as follows:
 - - Marine Corps University; Amphibious Warfare School; Command and Staff College; Communications Officer School; Marine Corps War College; Officer Candidates School; Staff Noncommissioned Officer Academy; Computer Sciences School; Weapons Training Battalion; Marine Security Guard Battalion (State Department).
 - The time between classes and schools ranges from every six weeks to once a year turn overs, with approximately 250 to over 600 students.

Projected Unique Missions for FY 2001

- N/A
-
-

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

• <u>Operational name</u>	UIC	National Naval Dental Center
Marine Corps Combat		Bethesda, MD 20889-5602
<u>Development Command, Quantico</u>	MCC_012	UIC: 0608A
• <u>Funding Source</u>	UIC	
National Naval		
<u>Dental Center, Bethesda</u>	<u>0608A</u>	

~~35749~~ GSA
35749

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>11</u> GSA	<u>16</u> GSA	<u>7</u> SA Contract
• Tenants (total)	<u>8</u>	<u>16</u>	<u>8</u> <u>1</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>10</u> GSA	<u>18</u> GSA	<u>8</u> SA Contract
• Tenants (total)	<u>8</u>	<u>18</u>	<u>8</u> <u>1</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.

Title/Name	Office	Fax	Home
• POC DIRECTOR T.P. FITZHARRIS CAPT., DC, USN	(703) 640-2805 DSN 278-2805	(703) 640-5968	(703) 680-7363
• Duty Officer SENIOR ENLISTED ADVISOR			[N/A]
• M. B. SMITH DTC, USN	(703) 640-2801 DSN 278-2801	(703) 640-5968	
•			

Encl (9)

~~0608A~~ GSA

35749

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
Branch Dental Clinic	35749	9	16	5

(Contract
✓ 1)

- 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

~~35749~~ 65P
35749

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.)
Naval Medical Clinic	Quantico	Autoclave Assisting

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, BSQD 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.)

End (9)

~~CLASS~~ 62A
35749

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

NAME (Please type or print)

Signature

T. P. FITZHARRIS, CAPT, DC, USN
Title Branch Director

T. P. Fitzharris for
Date 01 Feb 94

Branch Dental Clinic, Quantico, VA
Activity

Enc (9)

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

NEXT ECHELON LEVEL (if applicable)

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

COMMANDING OFFICER
Title

J. J. Shanley
Signature
07 Feb 94
Date

Activity Branch Dental Clinic
Quantico VA

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

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

Surgeon General/Chief BUMED
Title

Bureau of Medicine and Surgery
Activity

D. 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)

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

ACTING
Title

J. B. Greene Jr
Signature
16 FEB 1994
Date

Document Separator

475

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:BRDENCLINIC MCCDC QUANTICO VA
ACTIVITY UIC:35749**

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

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

MISSION REQUIREMENTS

QUANTICO 35749

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	132722	123060	109922	10992	109922	109922	109922	109922	109922
UNMET	21143	19529	19141	18239	17834	17834	17834	17834	17834
TOTAL	153865	142589	129063	128161	127756	127756	127756	127756	127756

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

Please show all calculations and assumptions in the space below:

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

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	142589	129063	128161	127756	127756	127756	127756	127756
UNMET	0	0	0	0	0	0	0	0
TOTAL	142589	129063	128161	127756	127756	127756	127756	127756

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

Please show all calculations and assumptions in the space below:

*** ASSUMPTIONS**

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

*** MATH MODEL**

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

* $132722 \text{ CTV'S} \div 18 \text{ PROVIDERS} = 7373 \text{ CTV'S PER PROVIDER}$. IN 1994 20 PROVIDERS WILL BE NECESSARY. IN 1995 THE RAPS POPULATION DROPS. ONLY 18 PROVIDERS WILL BE REQUIRED FROM 1995 FORWARD.

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	11	11	11	11	11	11	11	11
PROPHY TECHNICIANS (MIL AND CIV)	3	3	3	3	3	3	3	3	3
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

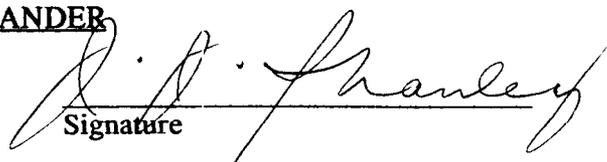
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)


Signature

COMMANDING OFFICER

Title
NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

Date

940602

Activity

BDC Quantico VA

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

X D F Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-24-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

W A Earner

Signature

NAME (Please type or print)

8/3/94

Date

Title

475

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC, MCCDC QUANTICO, VA
ACTIVITY UIC: 35749

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

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

TABLE OF CONTENTS

Mission Requirements

- 1. Mission3
- 2. Customer Base4
- 3. Workload per Capita5
- 4. Projected Workload/Personnel6
- 5. Training Programs7

Facilities

- 6. Facilities Description.....8
- 7. Programmed Improvements.....9
- 8. Impact of Facilities' Condition.....9

Location

- 9. Geographic Location.....10
- 10. Manpower and Recruiting Issues.....10

Features and Capabilities

- 11. Capabilities.....11,12
- 12. Mobilization.....13
- 13. Quality of Life.....14

MISSION REQUIREMENTS

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

- Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, tenant commands and other personnel in the assigned geographic area.
- Operate assigned component dental care facilities.
- Ensure that all assigned military personnel are both aware of and properly trained.
- Ensure that the branch clinic and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

MCDEC QUANTICO (35749)

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)
HOSPITAL	00231	QUANTICO VA	181
DENTAL	00232	QUANTICO VA	33
USMC DEV&EDUC CTR	00264	QUANTICO VA	40
EDUC CENTER STU	00269	QUANTICO VA	5
	00310	QUANTICO VA	1
	00321	QUANTICO VA	1
HOSPITAL	00031	QUANTICO VA	1
DEV&EDU CTR	30002	QUANTICO VA	490
HDQTRS CO	30002	QUANTICO VA	1534
SECURITY BN	30060	QUANTICO VA	245
H&S BN STUDENTS	30010	QUANTICO VA	121
MARINE SEC GUARD	54050	QUANTICO VA	96

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

THORNTON 4 NO PAGE 5
 BUMPO
 MBO 825
 GFA 7/24/94

QTO
35749

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	5241
B. FY1993 MET WORKLOAD (CTVs)	132722
C. FY1993 UNMET WORKLOAD (CTVs)	21143
D. TOTAL WORKLOAD (B+C)	153865
E. MET WORKLOAD PER CAPITA (B÷A)	25
F. UNMET WORKLOAD PER CAPITA (C÷A)	4
G. WORKLOAD PER CAPITA (D÷A)	29.3

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

Maximum capacity for CTVs: _____

Explanation:

Q70
35749

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	4841	4741	4521	4421	4421	4421	4421	4421
A: TOTAL MET CTVs	12306 0	10992 2						
B: TOTAL UNMET CTVs	19529	19141	18239	17834	17834	17834	17834	17834
C: TOTAL WORKLOAD REQUIREMENT (A+B)	14258 9	12906 3	12816 1	12775 6	12775 6	12775 6	12775 6	12775 6
DENTISTS (MIL AND CIV)	12	11	11	11	11	11	11	11
PROPHY TECHNICIANS (MIL AND CIV)	3	3	3	3	3	3	3	3
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

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

Maximum capacity for CTVs: _____

Explanation:

Includes CTVs + Manpower for assigned Annexes (UC 45759, - 45760)
Shelley
med 63
940722.

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

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
SPECIALTY UPDATES	17	17	17	17	17	17	17	17
SPECIALTY ASSISTING	17	17	17	17	17	17	17	17
TQL	35	35	35	35	35	35	35	35
INFECTION CONTROL	35	35	35	35	35	35	35	35
SAFETY	35	35	35	35	35	35	35	35
MEPRS	35	35	35	35	35	35	35	35
BLS	35	35	35	35	35	35	35	35
DENTAL MATERIAL UPDATES	15	15	15	15	15	15	15	15

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
	SEE ATTACHED COPY			

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

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

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

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

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	10 Jan 94	UIC	45960
FACILITY	BRANCH DENTAL CLINIC, MCCDC, QUANTICO, VA 22134		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	6114 sq. ft. BLDG. 2004	Mann Hall
2. DENTAL TREATMENT ROOM	2 13	12' x 10' 12' x 12'	1 HAS X-RAY CAP.
3. STERILIZATION ROOM	1 1 1	8' x 8' 10' x 12' 12' x 12'	
4. X-RAY EXPOSURE ROOM	1	9' x 12'	
5. DARKROOM	1 1	9' x 12' 7' x 8'	Used as storeroom
6. PROSTHETIC LAB	1	35' x 16'	
7. STOREROOM/ SUPPLY ROOM	1 1 1 1	22' x 14' 12' x 9' 12' x 4' 4' x 8'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1 1	15' x 14' 11' x 14'	LCPO OFFICE
10. DENTAL OFFICER'S OFFICE	1 1	10' x 14' 12' x 11'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1 1	15' x 24' 12' x 14'	
13. RECORDS CONTROL OFFICE	1	16' x 14'	
14. LOCKER ROOM (MALE)	1 1	18' x 13' 7' x 12'	
15. LOCKER ROOM (FEMALE)	1	14' x 22'	
16. TOILET FACILITY (MALE)	1 1 2	10' x 13' 12' x 5' 5' x 6'	
17. TOILET FACILITY (FEMALE)	1 1	7' x 17' 7' x 8'	Enlisted Duty Rm.
18. OTHER MAJOR ROOMS	2 1 1	10' x 13' 5' x 4' 7' x 8'	Duty rooms Gear locker Gear locker

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	A-dec Minitrol	15	A-5
	Den-tal-ez Signature	1	A-5
2. DENTAL OPERATING CHAIR	Den-tal-ez Elegan	12	A-5
	Den-tal-ez Advantage	2	A-5
	Den-tal-ez VS	2	A-5

3. DENTAL OPERATING LIGHT	Pelton Crane LF-II	16	A-4
4. CENTRAL VACUUM SYSTEM	Den-tal-ez CD-207	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	Air Technique V12T	2	A-4
6. STERILIZER	Castle Vacuum Steam 3533 Pelton Crane Magnaclave Pelton Crane Omniclave	1 1 2	A-4 A-4 A-4
7. LIFE SUPPORT EQUIPMENT	PHISIO CONTROL LIFEPAK 7		
8. OTHER MAJOR EQUIPMENT	PHISIO CNTRL LIFESTAT 200 OHMEDA PULSE OXIMETER 3700	1 1	A-4 A-4

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	Ticonium 30001G	1	A-5
2. VACUUM PORCELAIN FURNACE	Ney MK3 Modular Jelenko Flagship	1 2	A-5 A-4
3. BURNOUT OVEN	Ticonium Top Load	1	A-5
4. OTHER PROSTHETIC EQUIPMENT	Nobilium Kerr Centrifico	1 1	A-5 A-5

NAVMED 6750/4 (Rev. 5/91)

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. The location of the manin branch clinic and two annexes are ideally position for customer convenience.

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? Clinics location save thousands of manhours annually for clients on proximity alone.

b. What are the nearest air, rail, sea, and ground transportation nodes? Air, rail and interstate highways are readily available.

c. What is the importance of your location given your mobilization requirements? Staff members assigned have a rapid mobilization affiliation. The facility location is not important issue especially given the various transportation nodes.

d. On the average, how long does it take your current client/customers to reach your facility? 5-15 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? 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?

The dental profession requires highly technical staff, equipment and facilities to accomplish our mission. The major impact of facility closure would be the gross waste of manhours; as base marines would seek emergency treatment, routine care and annual examination elsewhere in the WASH DC area.

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

12. Mobilization. What are your facility's mobilization requirements? NONE

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
FLTHOSP #3		3
FLTHOSP #20		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. N/A

13. Quality of Life.

a. Military Housing

(1) Family Housing: N/A

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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. N/A

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ: N/A

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

AOB = (# Geographic Bachelors x average number of days in barracks)

365

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

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

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

(3) BOQ: N/A

(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? N/A

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

AOB = (# Geographic Bachelors x average number of days in barracks)

365

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

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

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

b. For on-base MWR 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. N/A

LOCATION _____ DISTANCE _____

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

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

Document Separator

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)
RICHMOND, VA	60
WASHINGTON, DC	55
NORFOLK, VA	155

THIS PAGE IS BLANK
DC 29 35749
BUMED
MED-825
CIA
7/24/94

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

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities. N/A

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

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. Comprehensive dental care is available during normal working hours through the main clinic and annexes. Twenty-four hours emergency dental care is via the watch standing program.

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. Space available care is provided and limited to active duty immediate family not enrolled in the DELTA DENTAL PLAN. Civilian dental care is abundantly available throughout the greater Quantico and Prince William County areas.

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

J. J. Shanley
Signature

COMMANDING OFFICER

Title

NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

Date

940602

Activity

BDC Quarters

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

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-24-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

W. A. Earner

Signature

NAME (Please type or print)

8/29/94

Title

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN



Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

8-1-94

Title

Date

BUREAU OF MEDICINE & SURGERY

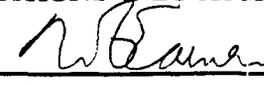
Activity

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

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

W. A. EARNER

NAME (Please type or print)



Signature

Title

8/25/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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


Signature

COMMANDING OFFICER ACTING
Title

Date 2/14/94

NATIONAL NAVAL DENTAL CENTER
Activity

475

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, QUANTICO
UIC:	35749
Host Activity Name (if response is for a tenant activity):	MARCORPS COMBAT DEV C MD, QUANTICO
Host Activity UIC:	00264

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, QUANTICO		UIC: 35749	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3		3
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	3		3
2. Other Base Operating Support Costs:			
2a. Utilities	33		33
2b. Transportation	1		1
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) *	7		7
2k. Sub-total 2a. through 2j.:	41		41
3. Grand Total (sum of 1c. and 2k.):	44		44

* (CUSTODIAL 2, TELECOMMUNICATION 5)

**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**

N/A

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

Activity Name: BRANCH DENTAL CLINIC, QUANTICO		UIC: 35749	
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:			

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC, QUANTICO	UIC: 35749
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	15 ⁶ HSO
Material and Supplies (including equipment):	107
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	182
Total:	305

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC, QUANTICO	UIC: 35749
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	02
Procurement:	
Other:*	
Total Workyears:	02

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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

2 CONTRACT WORK YEARS

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

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):

2 CONTRACT WORK YEARS

*See page 7R
VR BUMD 824 7/29/94*

**DATA CALL 66
INSTALLATION RESOURCES**

Branch Dental Clinic, Quantico
35749

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

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

2 CONTRACT WORK YEARS

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

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 WILL REMAIN IN PLACE

7 R VR BUMMO 8/4 11/29/94

**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.)

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, Recruit Treatment, Great Lakes, IL</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>N/A</i>

- Complete Mailing Address

Naval Dental Center, Bldg. 73
2707 Sheridan Road
Great Lakes, IL 60088-5258

- PLAD

NAVDENCEN GREAT LAKES IL

- PRIMARY UIC: 68326 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): 43831 PURPOSE: Billets

2. PLANT ACCOUNT HOLDER:

- Yes x 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.

• 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: 00211

• Primary Host (as of 01 Oct 1995) UIC: 00211

• Primary Host (as of 01 Oct 2001) UIC: 00211

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

• Yes No (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.

Due to the closure of bootcamps at Orlando and San Diego (BRAC 93), Great Lakes will soon be the sole Navy bootcamp. Our patient population is anticipated to increase from an annual throughput of 25,000 recruits to 58,800. This creates the need for more manpower and larger facilities.

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

- Dentally prepare recruits for duty at sea, submarine programs, as well as a multitude of other places that have limited to no dental care available.
- Provide dental support to Recruit Training Command staff personnel.
-
-
-
-

Projected Missions for FY 2001

- Provide dental support for recruits and staff personnel of Recruit Training Command.
-
-
-
-

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

- With the implementation of phased dentistry, the Recruit Treatment Clinic will be tasked with ensuring that all recruits be in a dental class 1 or 2 status prior to departing bootcamp.

-

-

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, Great Lakes</u>	<u>68326</u>
● Funding Source	UIC
<u>Naval Dental Center, Great Lakes</u>	<u>68326</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>21</u>	<u>36</u>	<u>15</u> 12*
● 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>57 O GSA</u>	<u>68 O GSA</u>	<u>46 O GSA</u> 35*
● 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			
M. T. BARCO	(708) 688-2230	(708) 688-3706	(708) 473-4522
● Duty Officer	(708) 688-2100	(708) 688-3706	(N/A)
● Branch Director			
R. D. ELVERS	(708) 688-4679	(708) 688-3706	(708) 634-1252
● BRAC Coordinator			
J. S. CLASS	(708) 688-5675	(708) 688-3706	(708) 362-7811

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Navy Brig</i>	<i>RTC, GLAKES</i>	<i>Dental Care</i>
<i>Construction Battalion Unit</i>	<i>RTC, GLAKES</i>	<i>Dental Care</i>
<i>Naval Hospital, Branch Medical Clinic (1017) & (1523)</i>	<i>RTC, GLAKES</i>	<i>Dental Care</i>
<i>Personnel Support Activity Detachment</i>	<i>RTC, GLAKES</i>	<i>Dental Care</i>
<i>Marine Corps Absentee Collection Unit</i>	<i>RTC, GLAKES</i>	<i>Dental Care</i>
<i>Recruit Training Command</i>	<i>RTC, GLAKES</i>	<i>Dental Care</i>
<i>Naval Dental Center, Recruit Treatment Clinic (1017) & Recruit Inprocessing Clinic (1523)</i>	<i>RTC, GLAKES</i>	<i>Dental Care</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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. T. BARCO
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

01 Feb 94
Date

NAVAL DENTAL CENTER, GREAT LAKES, IL
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC _____

NAME (Please type or print)

Donald Hagen

Signature

SURGEON GENERAL/CHIEF BUMED _____

Title

2-8-94

Date

BUREAU OF MEDICINE & SURGERY _____

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene Jr

Signature

Title

ACTING

Date

16 FEB 1994

Document Separator

476

BUMED
MFO-825
GSA
6/29/84

CAPACITY

~~MILITARY VALUE ANALYSIS:~~
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAVCRUITTRACOM GL
ACTIVITY UIC: 43831

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

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

TABLE OF CONTENTS

Mission Requirements

- 1. Mission3
- 2. Customer Base4
- 3. Workload per Capita5
- 4. Projected Workload/Personnel6
- 5. Training Programs7

Facilities

- 6. Facilities Description.....8
- 7. Programmed Improvements.....9
- 8. Impact of Facilities Condition.....9

Location

- 9. Geographic Location.....10
- 10. Manpower and Recruiting Issues.....10

Features and Capabilities

- 11. Capabilities.....11,12
- 12. Mobilization.....13
- 13. Quality of Life.....14

940623
Riley
MAD63

43831

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

940623
 R. [Signature]
 11/20/93

R₂

43831

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	328182	328182	528738	838687	838687	838687	838687	838687	838687
UNMET	158890	226554	363531	363531	363531	363531	363531	363531	363531
TOTAL	487072	554736	892269	1202218	1202218	1202218	1202218	1202218	1202218

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:

AVERAGE & DENTAL CLASSIFICATION

- CLASS 1 5%
- CLASS 2 55%
- CLASS 3 40%
- CLASS 4 0%

FORMULA FOR UNMET CTVS FROM EFFICIENCY REVIEW

- CLASS 2 = 4.55 CTV'S
- CLASS 3 = 9.20 CTV'S
- CLASS 4 = 4.77 CTV'S

AVERAGE & DENTAL CLASS TIMES POPULATION

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

R 3

Missing for my pty
940623
M4063
R 3

43831

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	328182	528738	838687	838687	838687	838687	838687	838687
UNMET	226554	363531	363531	363531	363531	363531	363531	363531
TOTAL	554736	892269	1202218	1202218	1202218	1202218	1202218	1202218

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:

AVERAGE % DENTAL CLASSIFICATION

- CLASS 1 5%
- CLASS 2 55%
- CLASS 3 40%
- CLASS 4 0%

FORMULA FOR UNMET CTVS FROM EFFICIENCY REVIEW

- CLASS 2 = 4.55 CTV'S
- CLASS 3 = 9.20 CTV'S
- CLASS 4 = 4.77 CTV'S

AVERAGE % DENTAL CLASS TIMES POPULATION

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

missing from orig. pkg.

*940623
Riley
11/20/93*

R.

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)	39	39	77	77	77	77	77	77	77
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL TECHNICIANS (MIL AND CIV)	63 0	63 0	114 0						
DENTAL HYGIENISTS (MIL AND CIV)	6	6	14	14	14	14	14	14	14

Note: Included in NDC Great Lakes UIC 68326.

43831

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)	39	39	77	77	77	77	77	77	77
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	6	6	14	14	14	14	14	14	14

(Handwritten: R 5)

*940623
M 6263
R Deeg*

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

Ronald Elvers, CAPT, DC, USN
NAME (Please type or print)

Ronald Elvers
Signature

Branch Director
Title

27 May 94
Date

BRDENCLINIC 1017 GREAT LAKES IL
Activity

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

NEXT ECHELON LEVEL (if applicable)

MARTIN T. BARCO, CAPT, DC, USN

NAME (Please type or print)

Commanding Officer

Title

NAVDENCEN Great Lakes

Activity


Signature

31 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

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

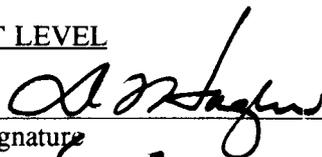
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

x 
Signature

6-30-94
Date

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

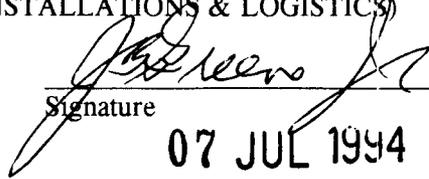
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title


Signature

07 JUL 1994
Date

4/76

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAVCRUITTRACOM GL
ACTIVITY UIC: 43831**

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

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

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload per Capita	5
4. Projected Workload/Personnel	6
5. Training Programs	7
Facilities	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
Location	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
Features and Capabilities	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

MISSION REQUIREMENTS

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

To provide high quality dental care and treatment to recruits and supporting staff of Recruit Training Command, Great Lakes.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
RTC (STAFF)	41455	GLAKES, IL	459
CBU	66446	RTC, GLAKES, IL	70
BRDENCLINIC 1017	68326	RTC, GLAKES, IL	69
BRMEDCLINIC 1017	00211	RTC GLAKES, IL	68
BRDENCLINIC 1523	68326	RTC, GLAKES, IL	39
PERSUPPDET RTC	43102	GLAKES, IL	34
BRMEDCLINIC 1523	00211	RTC, GLAKES, IL	33
NAVY BRIG	31843	RTC, GLAKES, IL	32
MACU	45008	RTC, GLAKES, IL	8

* RECRUITS 30646 RTC RECRUITS 25,700 FY93 Through Put.

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

* Recruit Receive Clinical Treatment at ^{RTC} BDC Clinic after passing through Impressing Clinic.

940623
Alley
MAP63

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	25,700 26,512
B. FY1993 MET WORKLOAD (CTVs)	328,182
C. FY1993 UNMET WORKLOAD (CTVs)	158,890
D. TOTAL WORKLOAD (B+C)	487,072
E. MET WORKLOAD PER CAPITA (B÷A)	12.76
F. UNMET WORKLOAD PER CAPITA (C÷A)	6.18
G. WORKLOAD PER CAPITA (D÷A)	1,895 18.95

940223
M4863
Riley

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

Maximum capacity for CTVs: 487,072

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	36644	60800 58800						
A: TOTAL MET CTVs	328182	528738	838687	838687	838687	838687	838687	838687
B: TOTAL UNMET CTVs	226554	363531	363531	363531	363531	363531	363531	363531
C: TOTAL WORKLOAD REQUIREMENT 8 (A+B)	554736	892269	1202218	1202218	1202218	1202218	1202218	1202218
DENTISTS (MIL AND CIV)	32	57 78	78	78	78	78	78	78
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	4	5 14	14	14	14	14	14	14

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

Maximum capacity for CTVs: 554,736

Explanation:

Population = Staff + Student through put.

*RO Kelly
MAG 63
940623*

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years. Refer to 68326.

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or 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
43831	1017, PT CARE	27,304	30	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
MILCON P-604	CLINIC EXPANSION	FY95	9.3M

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. **N/A**.

LOCATION - Refer to 68326

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

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

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

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

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

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? **Refer to 68326.**

FEATURES AND CAPABILITIES - Refer to 68326

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility? **Refer to 68326.**

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer. **Refer to 68326.**

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
2nd FSSG	68408	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.

If each training course required by BUMEDINST 6440.5A is estimated to be at least one week (excluding Basic Life Support), then 5 weeks would be required to bring this staff member up to requirements.

13. Quality of Life - Refer to NTC Great Lakes N00210 Military Value Analysis Data Call #23.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

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)

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			
----------------------------------	--	--	--

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

Ronald Elvers, CAPT, DC, USN

NAME (Please type or print)

Ronald Elvers
Signature

Branch Director

Title

27 May 94
Date

BRDENCLINIC 1017 GREAT LAKES IL

Activity

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

NEXT ECHELON LEVEL (if applicable)

MARTIN T. BARCO, CAPT, DC, USN

NAME (Please type or print)

Commanding Officer

Title

Naval Dental Center, Great Lakes
Activity


Signature

31 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

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

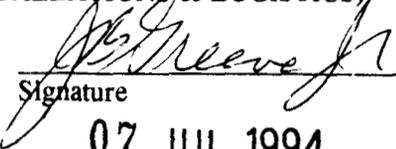

Signature

6-30-94
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)

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


Signature

ACTING
Title

07 JUL 1994
Date

476

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, BLDG 1017
UIC:	43831
Host Activity Name (if response is for a tenant activity):	NAVAL DENTAL CENTER <i>NAVAL HOSPITAL</i> BLDG 73 <i>GREAT LAKES, IL 60088</i> GREAT LAKES, IL 60088-5258
Host Activity UIC:	68326 <i>N00211</i>

*H50
7/12/94
B.W.*

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, BLDG 1017		UIC: 43831	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	0 85		0 85
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) MISSION		0 3681	0 3681
2k. Sub-total 2a. through 2j:	0 85	0 3681	0 3681
3. Grand Total (sum of 1c. and 2k.):	0 85	0 3681	0 3766

H50
7/18/94
B.W.

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	823 0	HSO 7/18/94
MPN	2943 0	B.W.

NOTE: MPN BASED ON BY93 COMPOSITE RATES

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, BLDG 1017		UIC: 43831	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC, BLDG 1017	UIC: 43831
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	1034
Total:	1034

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC, BLDG 1017	UIC: 43831
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	22
Procurement:	
Other:*	
Total Workyears:	22

* **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

VR Bumud 824
7/28/94

See page 7R
7

**DATA CALL 66
INSTALLATION RESOURCES**

h. 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)): 22

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

7 R VR Bumer 824 7/28/94

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

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

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

July 28, 1994

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

W. A. Earner

Signature

NAME (Please type or print)

8/26/94

Date

Title

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

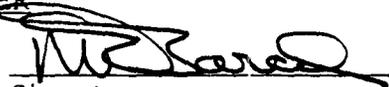
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

M. T. BARCO, CAPT, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

13 Jul 94
Date

NAVAL DENTAL CENTER, GREAT LAKES
Activity

End (1)

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Dental Clinic, Recruit Inprocessing, Great Lakes, IL</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>N/A</i>

- Complete Mailing Address

Naval Dental Center, Bldg. 73
2707 Sheridan Road
Great Lakes, IL 60088-5258

- PLAD

NAVDENCEN GREAT LAKES IL

- PRIMARY UIC: 68326 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): 44542 PURPOSE: Billets

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.

• 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: 0763A

• Primary Host (as of 01 Oct 1995) UIC: 0763A

• Primary Host (as of 01 Oct 2001) UIC: 0763A

• **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.

Migration to Great Lakes will result in a 150% increase in patient load and from a throughput of 23,000 to 58,800 recruits.

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 each recruit with a dental record, initial dental examination and treatment plan, preventive dentistry instruction and fluoride treatment, and tobacco cessation counseling.

- Provide selected recruits with operative and/or dental hygiene procedures as time and resources permit.

-
-
-
-

Projected Missions for FY 2001

- No change.

-
-
-
-

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

- With the closing of RTC Orlando and San Diego, NDC Great Lakes will be the only dental command providing initial dental services to recruits.

-

-

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, Great Lakes</u>	<u>68326</u>
● Funding Source	UIC
<u>Naval Dental Center, Great Lakes</u>	<u>68326</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>11</u>	<u>27</u>	<u>N/A</u> N/A*
● 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>14 O GSA</u>	<u>31 O GSA</u>	<u>N/A</u> N/A*
● 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			
M. T. BARCO	(708) 688-2230	(708) 688-3706	(708) 473-4522
● Duty Officer	(708) 688-2100	(708) 688-3706	[N/A]
● Branch Director			
M. GILBERTS	(708) 688-5547	(708) 688-3706	(708) 918-1866
● BRAC Coordinator	(708) 688-5675	(708) 688-3706	(708) 362-7811
J. S. CLASS			

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.)
<i>Recruit Training Command</i>	<i>RTC Great Lakes, IL</i>	<i>Dental Care for Recruits</i>
<i>Naval Hospital, Branch Medical Clinic (1523)</i>	<i>RTC Great Lakes, IL</i>	<i>Central Sterilization Room Support</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.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. T. BARCO

NAME (Please type or print)



Signature

COMMANDING OFFICER

Title

01 Feb 94

Date

NAVAL DENTAL CENTER, GREAT LAKES, IL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

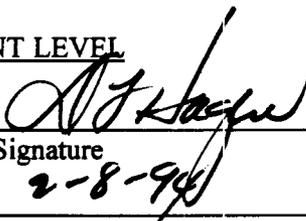
Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC _____

NAME (Please type or print)



Signature

SURGEON GENERAL/CHIEF BUMED _____

Title

2-8-94

Date

BUREAU OF MEDICINE & SURGERY _____

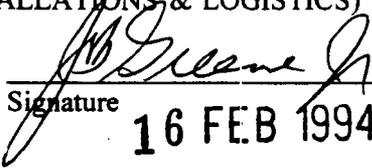
Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)



Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

477

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAVCRUTTRAC INPROC
ACTIVITY UIC: 44542

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

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

TABLE OF CONTENTS

Mission Requirements

- 1. Mission3
- 2. Customer Base4
- 3. Workload per Capita5
- 4. Projected Workload/Personnel6
- 5. Training Programs7

Facilities

- 6. Facilities Description.....8
- 7. Programmed Improvements.....9
- 8. Impact of Facilities' Condition.....9

Location

- 9. Geographic Location.....10
- 10. Manpower and Recruiting Issues.....10

Features and Capabilities

- 11. Capabilities.....11,12
- 12. Mobilization.....13
- 13. Quality of Life.....14

MISSION REQUIREMENTS

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

To provide a comprehensive dental examination, treatment plan and complete and accurate dental record on every recruit.

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)
RTC (RECRUITS)	30646	RTC, GLAKES, IL	4,000 PER MONTH
STAFF, BRDENCLINIC NAVCRUTTRAC INPROC	44542	RTC, GLAKES, IL	39

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	25,700
B. FY1993 MET WORKLOAD (CTVs)	279,261
C. FY1993 UNMET WORKLOAD (CTVs)	0
D. TOTAL WORKLOAD (B+C)	279,261
E. MET WORKLOAD PER CAPITA (B÷A)	10.86
F. UNMET WORKLOAD PER CAPITA (C÷A)	0
G. WORKLOAD PER CAPITA (D÷A)	10.86

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

Maximum capacity for CTVs: ~~279,261~~ 434406

Explanation:

*Even under no Tx.
unit affects RTZ.*

*Improcessing Clinic
Dental Examinations only
No Clinical Treatment provided*

*940023
med63
Rung*

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	36644	58800	58800	58800	58800	58800	58800	58800
A: TOTAL MET CTVs	279261	434406	434406	434406	434406	434406	434406	434406
B: TOTAL UNMET CTVs	0	0	0	0	0	0	0	0
C: TOTAL WORKLOAD REQUIREMENT (A+B)	279261	434406	434406	434406	434406	434406	434406	434406
DENTISTS (MIL AND CIV)	8	14	14	14	14	14	14	14
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

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

Maximum capacity for CTVs: ~~279261~~ 434,406

Explanation:

Recruit Examination Clinic

*940623
MED63
Riley*

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years. Refer to UIC 68326.

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

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or 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
44542	1523, PT CARE	17,618	19	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
None			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
None			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
None			

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

LOCATION - Refer to UIC 68326

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

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

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

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

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

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? **Refer to 68326.**

FEATURES AND CAPABILITIES - Refer to 68326

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?

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer. **Refer to 68326.**

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

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

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

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

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

13. Quality of Life. - Refer to NTC Great Lakes N00210 Military Value Analysis Data Call #23.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

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)

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			
----------------------------------	--	--	--

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Mark D. Gliberts, CDR, DC, USN

NAME (Please type or print)

Mark D. Gliberts
Signature

Branch Director

Title

29 May 94
Date

BRDENCLINIC 1523 GREAT LAKES IL

Activity

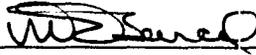
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

MARTIN T. BARCO, CAPT, DC, USN
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center, Great Lakes
Activity


Signature

31 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity


Signature

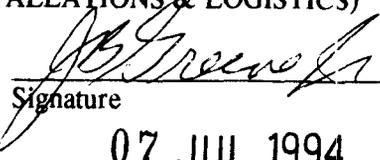
6-30-94
Date

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)**

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

ACTING
Title


Signature

07 JUL 1994
Date

4177

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC NAVCRUTTRAC INPROC
ACTIVITY UIC: 44542**

**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

*Approved table of contents
R. J. Kelly
9/20/23*

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	279261	279261	279261 434406						
UNMET	0	0	0	0	0	0	0	0	0
TOTAL	279261	279261	279261 434406						

740623
MAD63
Rly

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data + (added Recruit through put population)

Please show all calculations and assumptions in the space below:

AVERAGE % DENTAL CLASSIFICATION

- CLASS 1 5%
- CLASS 2 55%
- CLASS 3 40%
- CLASS 4 0%

FORMULA FOR UNMET CTVS FROM EFFICIENCY REVIEW

- CLASS 2 = 4.55 CTV'S
- CLASS 3 = 9.20 CTV'S
- CLASS 4 = 4.77 CTV'S

AVERAGE % DENTAL CLASS TIMES POPULATION

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

This clinic only performs dental examinations, the entire population moves to Bix & IR for dental treatment.

**Spoke w/ BUMED - this is the correct number - they forgot to change it*

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	279261	434406	434406	434406	434406	434406	434406	434406
UNMET	0	0	0	0	0	0	0	0
TOTAL	279261	434406	434406	434406	434406	434406	434406	434406

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.

+ Student Throughput

Please show all calculations and assumptions in the space below:

AVERAGE % DENTAL CLASSIFICATION

- CLASS 1 5%
- CLASS 2 55%
- CLASS 3 40%
- CLASS 4 0%

FORMULA FOR UNMET CTVS FROM EFFICIENCY REVIEW

- CLASS 2 = 4.55 CTV'S
- CLASS 3 = 9.20 CTV'S
- CLASS 4 = 4.77 CTV'S

AVERAGE % DENTAL CLASS TIMES POPULATION

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

*940623
Mar 63
R. H. J.*

*This clinic does examinations only
- the entire population then moves to
BDC RTC for Dental Treatment.*

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)	58	58	14	14	14	14	14	14	14
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL TECHNICIANS (MIL AND CIV)	120	120	310						
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

Note: Staffing included in UIC 68326.

940623
ME063
R. Kelly

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Mark D. Gliberts, CDR, DC, USN

NAME (Please type or print)

Mark D. Gliberts
Signature

Branch Director

Title

27 MAY 94
Date

BRDENCLINIC 1523 GREAT LAKES IL

Activity

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

NEXT ECHELON LEVEL (if applicable)

MARTIN T. BARCO, CAPT, DC, USN

NAME (Please type or print)

Commanding Officer

Title

Naval Dental Center, Great Lakes
Activity


Signature

31 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

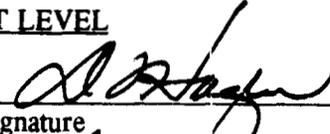
D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY
Activity


Signature

6-30-94
Date

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

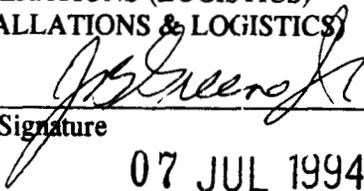
**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title


Signature

07 JUL 1994
Date

477

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, BLDG 1523
UIC:	44542
Host Activity Name (if response is for a tenant activity):	NAVAL DENTAL CENTER <i>NAVAL TRAINING CENTER</i> BLDG 73 <i>GALATI, LAKES, IL</i> GREAT LAKES, IL 60088-5258 <i>60688</i>
Host Activity UIC:	68326- <i>N 00210</i>

*H50
7/18/94
B.W.*

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, BLDG 1523		UIC: 44542	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities			
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) MISSION		0 1558	0 1558
2k. Sub-total 2a. through 2j:	0	0 1558	0 1558
3. Grand Total (sum of 1c. and 2k.):	0	0 1558	0 1558

HSo
7/18/94
B.V.

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

Appropriation	Amount (\$000)
MPN	1558 0

NOTE: MPN IS BASED ON FY93 COMPOSITE RATES

DATA CALL 66
INSTALLATION RESOURCES

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, BLDG 1523		UIC: 44542	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC, BLDG 1523	UIC: 44542
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	
Total:	

*See page 5R
VR Burned 824
7/28/94*

**DATA CALL 66
 INSTALLATION RESOURCES**

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

7. 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 7107.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC, BLDG 1523	UIC: 44542
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	
Total:	N/A

ER VR Bumed 824 7/28/94

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: BRANCH DENTAL CLINIC, BLDG 1523	UIC: 44542
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

*YR BUMED 824
7/28/94*

See pg 6R

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC, BLDG 1523	UIC: 44262
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:	
Total Workyears:	N/A

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

6 R VRBUMED 824 7/28/94

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

July 28, 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

8/26/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. T. BARCO, CAPT, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

13 Jul 94
Date

NAVAL DENTAL CENTER, GREAT LAKES
Activity

End (1)

478

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC SABANA SECA
ACTIVITY UIC: 39082**

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

- 1. Workload3,4,5
- 2. Staffing6

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	21698	11412	11412	11412	11412	11412	11412	11412	11412
UNMET	1593	1697	1697	1697	1697	1697	1697	1697	1697
TOTAL	23291	13109	13109	13109	13109	13109	13109	13109	13109

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:

Assumptions/Explanations:

- 1) MET workload = total CTVs during the period.
- 2) Population is assumed constant at 571 personnel throughout the time period specified.
- 3) Staffing is based on 1 full-time dentist and 1 hygienist (half a day a week).
- 4) Drop in CTVs from FY-93 to FY-94 reflects decrease in hygienist staffing from 5 days per week to 1/2 day per week.
- 5) UNMET CTV formula based on efficiency review calculation as shown on next page.

Calculations:

1) UNMET CTVS = Class 2s x 4.55 + Class 3s x 9.2 + Class 4s x 4.77

For FY93: Class 2 = 251 251 x 4.55 = 1142
 Class 3 = 34 34 x 9.2 = 313
 Class 4 = 29 29 x 4.77 = 138

1593 UNMET CTVS

For FY94-01: Class 2 = 280 280 x 4.55 = 1274
 Class 3 = 34 34 x 9.2 = 313
 Class 4 = 23 23 x 4.77 = 110

1697 UNMET CTVS

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	23291	23291	23291	23291	23291	23291	23291	23291
UNMET	0	0	0	0	0	0	0	0
TOTAL	23291	23291	23291	23291	23291	23291	23291	23291

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice. Please show all calculations and assumptions in the space below:

Assumptions:

- 1) Population is assumed constant at 571 throughout the time period periods specified.
- 2) Physical plant is limited to two Dental Operatories.
- 3) MET CTVs = total CTVs during period.

Calculations:

- 1) UNMET CTVs = 0
- 2) With the addition of all required dental officer assets, BDC Sabana Seca will be able to meet all workload requirements and thus UNMET CTVs should be zero, impeded only by personal compliance.

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

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

940607
MED-63
KEM

Note: ** Although there are no authorized prophy tech billets at BDC Sabana Seca, 1 general duty Dental Technician provides prophy and other patient care services equivalent to .30 FTEs.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

W. H. WILSON, CAPT, DC, USN

NAME (Please type or print)

W H Wilson

Signature

Commanding Officer

Title

31 MAY 94

Date

USNDC Roosevelt Roads

Activity

ENCLOSURE (4)

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

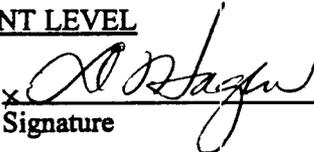
Activity

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 
Signature

CHIEF BUMED/SURGEON GENERAL

Title

6-8-94

Date

BUREAU OF MEDICINE & SURGERY

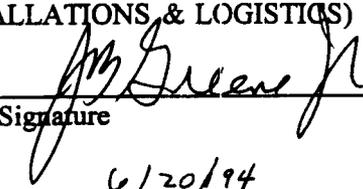
Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)


Signature

ACTING

Title

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 Sabana Seca, Puerto Rico</i>
Acronym(s) used in correspondence	<i>BRDENCLIN Sabana Seca, P. R.</i>
Commonly accepted short title(s)	<i>BDC Sabana Seca, P.R.</i>

- Complete Mailing Address

Branch Dental Clinic, Sabana Seca
Naval Security Group Activity
FPO AA 34053

- PLAD

NAVSECGRUACT SABANA SECA RO

- PRIMARY UIC: 39082 (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:

N/A

ENCLOSURE (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.

- 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: 66754
- Primary Host (as of 01 Oct 1995) UIC: 66754
- Primary Host (as of 01 Oct 2001) UIC: 66754

• **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)

39082

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				

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

N/A

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).

39082

Current Mission

- To provide dental health care to authorized personnel in the Commander, Naval Security Group, Sabana Seca area of responsibility, and others as covered by Memoranda of Understanding.

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

- N/A

39082

Projected Unique Missions for FY 2001

- N/A

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

- | | |
|--------------------------------------------------|--------------|
| • Operational name | UIC |
| <u>U.S. Naval Dental Center, Roosevelt Roads</u> | <u>68445</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	Civilian
● Reporting Command	<u> 1 </u>	<u> 2 </u>	<u> 0 </u>
● Tenants (total)	<u> </u>	<u> </u>	<u> </u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
● Reporting Command	<u> 1 </u>	<u> 2 </u>	<u> 0 </u>
● 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>
● Director			
<u>E. P. O'Neill, LCDR, DC, USN (809)795-2255/ext296 (809)784-4633 (809)784-8535</u>			
● Duty Officer			[N/A]

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>U.S. Coast Guard, Greater Antilles</i>	<i>San Juan, PR</i>	<i>Dental Care</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.)

39082

- **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.

39082

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

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

ACTIVITY COMMANDER

W. H. Wilson, CAPT, DC, USN
NAME (Please type or print)

WH Wilson
Signature

Commanding Officer
Title

26 Jan 94
Date

U.S. Naval Dental Center, Roosevelt Roads
Activity

ENCLOSURE (2)

39082

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x *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 1004
Date

478

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC SABANA SECA
ACTIVITY UIC: 39082**

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

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

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload per Capita	5
4. Projected Workload/Personnel	6
5. Training Programs	7
Facilities	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
Location	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
Features and Capabilities	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

MISSION REQUIREMENTS

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

To provide dental health care to personnel of the uniformed services, and other authorized personnel in support of Naval Security Group Activity Sabana Seca within the San Juan, Puerto Rico area.

2. CUSTOMER BASE (Based on Personnel Support Detachment personnel data current as of 23 May 94)

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE
USCG SAN JUAN	0771640	SAN JUAN, PR	220
NAVAL SECURITY GROUP ACTIVITY SABANA SECA	66754	SABANA SECA, PR	209
MGU	52610	SABANA SECA, PR	57
NAVAL SECURITY GROUP ACTIVITY CC	32703	SABANA SECA, PR	33
NAVAL RECRUITING CENTER	35180	SABANA SECA, PR	22
BRANCH MEDICAL CLINIC SABANA SECA	32650	SABANA SECA, PR	8
NRF	0566A	SABANA SECA, PR	6
PERSONNEL SUPPORT ACTIVITY DET	43335	SABANA SECA, PR	6
MEPS	41753	SABANA SECA, PR	4
BRANCH DENTAL CLINIC SABANA SECA	39082	SABANA SECA, PR	3
NSHS BETHESDA DETACHMENT	43730	SAN JUAN, PR	1
MECP	49086	SAN JUAN, PR	1

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	571
B. FY1993 MET WORKLOAD (CTVs)	21698
C. FY1993 UNMET WORKLOAD (CTVs)	1593
D. TOTAL WORKLOAD (B+C)	23291
E. MET WORKLOAD PER CAPITA (B÷A)	38
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.79
G. WORKLOAD PER CAPITA (D÷A)	40.79

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

Maximum capacity for CTVs: 23291

Explanation: Constraints placed upon a one dental officer clinic make it extremely difficult to meet all required workload or full capacity for CTVs.

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	571	571	571	571	571	571	571	571
A: TOTAL MET CTVs	11412	11412	11412	11412	11412	11412	11412	11412
B: TOTAL UNMET CTVs	1697	1697	1697	1697	1697	1697	1697	1697
C: TOTAL WORKLOAD REQUIREMENT (A+B)	13109	13109	13109	13109	13109	13109	13109	13109
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	0 .3							
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

940607
MCO 63
RAM.

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

Maximum capacity for CTVs: 13109

Explanation: Constraints placed upon a one dental officer clinic make it extremely difficult to meet all required workload or full capacity for CTVs.

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. NONE

* NOT APPLICABLE FOR BDC Sabana Seca

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
	Building 2/Branch Dental Clinic/Patient Care	960	50	Adequate

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

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

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

* Not Applicable to BDC Sabana Seca

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	15 MAY 1994	UIC	39082
FACILITY	Branch Dental Clinic, Sabana Seca, Puerto Rico Bldg. 2		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	01	30 X 32	Bldg. 2
2. DENTAL TREATMENT ROOM	02	10 X 12	adequate
3. STERILIZATION ROOM	01	12 X 8	inadequate
4. X-RAY EXPOSURE ROOM			
5. DARKROOM			
6. PROSTHETIC LAB	01	7 X 6	inadequate
7. STOREROOM/ SUPPLY ROOM			
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE			
10. DENTAL OFFICER'S OFFICE	01	12 X 12	adequate

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	01	11 X 7	adequate
13. RECORDS CONTROL OFFICE	01	12 X 9	adequate
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE 2070	02	A-4
2. DENTAL OPERATING CHAIR	ADEC PRIORITY 1005	02	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	02	A-4
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ CV 102 DUAL	01	A-4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AIRSTAR 5	01	A-4
6. STERILIZER	PELTON&CRANE VAL 10+	01	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			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT	JELENSKO AUTOGLAZER 262	01	A-4

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT																																																																
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY																																																												
1. STATIONARY INTRA-ORAL	SEIMANS HELIDENT 70	01	A-4	MAY92																																																												
2. MOBILE INTRA-ORAL																																																																
3. PANORAMIC																																																																
4. CEPHALOMETRIC																																																																
5. FILM PROCESSOR	AIRTECHNIQUES PERIPRO	01	A-5	<table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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: AC		<input checked="" type="checkbox"/>	DC	a. VOLTAGE: 110	b. CYCLE:																																																											
2. GAS:	<input type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	BOTTLE	<input type="checkbox"/>	ACETYLENE																																																								
PART IV - REMARKS AND RECOMMENDATIONS																																																																
DATE	TYPED NAME AND GRADE W. H. WILSON, 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.

* NONE

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.

* NONE

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
MILCON P-333	Medical/Dental Facility	FY-99	2.6 M

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 on the performance of the mission.

LOCATION

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

It has a positive effect on our mission in that Branch Dental Clinic Sabana Seca is easily assessible for all eligible beneficiaries in the San Juan, Puerto Rico area.

Branch Dental Clinic Sabana Seca is located near San Juan, Puerto Rico and provides easy access to personnel attached to the various units in this large metropoliton area.

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

Being located near San Juan provides all eligible beneficiaries in the area the opportunity to receive prompt dental care without driving approximately 1 1/2 hours to the nearest naval dental treatment facility in Roosevelt Roads.

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

Air: The nearest military air terminal is onboard the Naval Station Roosevelt Roads and is 45 miles from the dental facility. The nearest commerical air terminal is in San Juan approximately 10 miles from the Naval Base at Sabana Seca.

Rail: There is no railroad systems in Puerto Rico.

Sea: The nearest military seaport is located on base at the Naval Satation Roosevelt Roads and is located 45 miles (1 1/2 hours) from the Dental Facility. A large commercial seaport operation is also located approximately 10 miles away in San Juan.

Ground: Trucking and other transporation services are available throughout Puerto Rico. The closest city which can provide necessary services is San Juan which is located approximately 5 miles from the Naval Station at Sabana Seca.

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

We currently do not have a specific mobilization mission or requirements.

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

The majority of our customers (Naval Security Group Sabana Seca personnel) can reach our facility in 5 minutes. Customers stationed in San Juan area can reach our facility within half an hour.

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?

We are somewhat limited by the need to recruit fluent English speaking personnel from a largely Spanish speaking population. In addition, personnel from CONUS are reluctant to accept employment in Puerto Rico due to real or perceived crime concerns and the language barrier.

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?

If the capabilities of this facility were lost, eligible beneficiaries would have to seek dental care treatment at Branch Dental Clinic Roosevelt Roads, FT Buchanan or civilian dental sources (See section 11a for further information).

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.

If the Branch Dental Clinic Sabana Seca were to close, the active duty population would have very limited dental care alternatives within reasonable driving distance of Naval Security Group Activity Sabana Seca. The closest military facilities are as follows:

a. The Army maintains a Dental Clinic at Fort Buchanan approximately 10 miles driving distance (30 minutes) from Naval Security Group Activity Sabana Seca. The clinic is manned by one civilian contract dentist.

b. The Coast Guard maintains a Dental Clinic at Borinquen approximately 100 miles driving distance (3 hours) from Naval Security Group Activity. This clinic is manned by one Public Health Dentist.

c. The Navy maintains a Dental Clinic at Roosevelt Roads approximately 45 miles driving distance (1 1/2 hours) from Naval Security Group Activity Sabana Seca. This clinic is manned by seven Naval Dental Officers.

12. Mobilization. What are your facility's mobilization requirements? Our facility does not have any mobilization requirements, so this section is 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:

* Not Applicable

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. (Refer to Naval Security Group Activity Sabana Seca, UIC 66754, Military Value section, Data Call 37)

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

W. H. WILSON, CAPT, DC, USN

NAME (Please type or print)

Commanding Officer

Title

USNDC Roosevelt Roads

Activity

W. H. Wilson
Signature

31 MAY 94
Date

ENCLOSURE (8)

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

6-8-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

R. R. SAREERAM

NAME (Please type or print)

R. R. Sareeram

Signature

ACTING

Title

27 JUN 1994

Date

Document Separator