

**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, ALBANY, GA |
| Acronym(s) used in correspondence | BRDENCLINIC ALBANY               |
| Commonly accepted short title(s)  | BDC ALBANY                       |

- Complete Mailing Address

|                     |                            |
|---------------------|----------------------------|
| Commanding Officer  | Branch Dental Clinic       |
| Naval Dental Center | Marine Corps Logistic Base |
| P.O. Box 74         | 814 Radford Blvd           |
| Jacksonville, FL    | Albany, GA 31547-1128      |
| 32212-0074          |                            |

- PLAD NAVDENCEN JACKSONVILLE FL

• PRIMARY UIC: 41782 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): \_\_\_\_\_ PURPOSE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. PLANT ACCOUNT HOLDER:

- Yes \_\_\_\_\_ No X (check one)

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

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

• Yes \_\_\_\_\_ No  X  (check one)

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

• Yes  X  No \_\_\_\_\_ (check one)

- Primary Host (current) UIC:  67004
- Primary Host (as of 01 Oct 1995) UIC:  67004
- Primary Host (as of 01 Oct 2001) UIC:  67004

• 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  |          |     |

41782

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

| Name | UIC | Location | Host name | Host UIC |
|------|-----|----------|-----------|----------|
| N/A  |     |          |           |          |

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

NONE

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

Current Missions

- Provide dental support to personnel stationed at MCLB Albany.
- Support adjacent medical clinics in times of medical disasters
- 
- 
- 
- 

Projected Missions for FY 2001

- Same as above
- 
- 
- 
-

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

Current Unique Missions

- No unique missions
- 
- 

Projected Unique Missions for FY 2001

- None
- 
- 

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

|   |     |       |
|---|-----|-------|
| • Naval Dental Center, Jacksonville, FL UIC |     | 68444 |
| _____                                       |     | _____ |
| • Funding Source                            | UIC |       |
| <u>Same</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 | 1        | 2        | 2               |
| • Tenants (total)   | _____    | _____    | _____           |

Authorized Positions as of 30 September 1994

|                     | Officers | Enlisted | C i v i l i a n    |
|---------------------|----------|----------|--------------------|
| (Appropriated)      |          |          |                    |
| • Reporting Command | 1        | 2        | ✓ 0 <sub>USA</sub> |
| • Tenants (total)   | _____    | _____    | _____              |

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

| <u>Title/Name</u>                     | <u>Office</u>                                      | <u>Fax</u> | <u>Home</u> |
|---------------------------------------|--|------------|-------------|
| • CO, CAPT Charles B. Horton, DC, USN |  |            |             |
|                                       | (904) 772-2863, (904) 722-4125, (904) 573-573-0243 |            |             |
| • Duty Officer                        | (904) 772-3441, (904) 772-4125 [ N/A ]             |            |             |
| • _____                               |  |            |             |
| • _____                               |  |            |             |

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

- Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
| N/A                 |     |         |          |          |

- Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
|                     |     |         |          |          |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---------------------|-----|----------|---------|----------|----------|
|                     |     |          |         |          |          |

- Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---------------------|-----|----------|---------|----------|----------|
|                     |     |          |         |          |          |

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

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

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

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

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

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

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

# Document Separator

4112

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL CLINIC, ALBANY, GEORGIA  
ACTIVITY UIC: 41782

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

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

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**MISSION REQUIREMENTS**

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs  | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 28298  | 28298  | 33515  | 32471  | 31519  | 31519  | 31519  | 31519  | 31519  |
| UNMET | 4499   | 4306   | 4206   | 4075   | 3955   | 3955   | 3955   | 3955   | 3955   |
| TOTAL | 32797  | 32604  | 37721  | 36546  | 35474  | 35474  | 35474  | 35474  | 35474  |

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

Please show all calculations and assumptions in the space below: See attached sheet

**MISSION REQUIREMENTS**

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

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

|       | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| CTVs  | 19657  | 19657  | 19657  | 19657  | 19657  | 19657  | 19657  | 19657  | 19657  |
| MET   | 4499   | 4306   | 4206   | 4075   | 3955   | 3955   | 3955   | 3955   | 3955   |
| UNMET |        |        |        |        |        |        |        |        |        |
| TOTAL | 24156  | 23963  | 23863  | 23732  | 23612  | 23612  | 23612  | 23612  | 23612  |

Use RAPS

Parameters: No change in staffing, funding, scope of practice or physical plant. See attached sheet population data.

Please show all calculations and assumptions in the space below:

*Handwritten:* R  
2001/4  
METS

*Handwritten:* Dec 28  
NDC  
ACDA

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs  | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 28298  | 33515  | 32471  | 31519  | 31519  | 31519  | 31519  | 31519  |
| UNMET | 4306   | 4206   | 4075   | 3955   | 3955   | 3955   | 3955   | 3955   |
| TOTAL | 32604  | 37721  | 36546  | 35474  | 35474  | 35474  | 35474  | 35474  |

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

Please show all calculations and assumptions in the space below. See attached sheet.

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

|       | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| CTVs  | 19657  | 19657  | 19657  | 19657  | 19657  | 19657  | 19657  | 19657  |
| MET   | 4306   | 4206   | 4075   | 3955   | 3955   | 3955   | 3955   | 3955   |
| UNMET |        |        |        |        |        |        |        |        |
| TOTAL | 23963  | 23863  | 23732  | 23612  | 23612  | 23612  | 23612  | 23612  |

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

please show all calculations and assumptions in the space below. See attached sheet.

940614  
 116063  
 RAPS  
 (4)

BRAZ 28  
 NDC  
 ALBANY

BDC ALBANY

|      |      |      |        |      |     |
|------|------|------|--------|------|-----|
| FY93 | 9972 | 2051 | AUG 93 | 9972 | 351 |
|      | 9973 | 656  |        | 9973 | 106 |
|      |      | 2707 |        |      | 457 |

|       |      |          |
|-------|------|----------|
| YR    | 2707 | 5.923413 |
| MONTH | 457  |          |

*Handwritten:*  
 \* TOTAL WORKLOAD (LTV's)  
 BASED ON PERS DATA

| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
|--------------------|------|--------|-------|-------|
| 9972               | 25   | 293    | 8     | 326   |
| 9973               | 3    | 25     | 78    | 106   |
| TOTALS             | 28   | 318    | 86    | 432   |

|           |   |          |
|-----------|---|----------|
| AD VISITS | x | RATIO    |
| 432       |   | 5.923413 |
|           |   | 2558.914 |

| DEP OF ACTIVE DUTY | X  | RATIO      |
|--------------------|----|------------|
| 9972               | 18 |            |
| 9973               | 0  |            |
| TOTAL              | 18 | 5.923413   |
|                    |    | 106.621444 |

| RETIRED | X | RATIO      |
|---------|---|------------|
| 9972    | 7 |            |
| 9973    | 0 |            |
| TOTAL   | 7 | 5.923413   |
|         |   | 41.4638949 |

OTHER

| SEPT TOTALS | X  | RATIO      |
|-------------|----|------------|
| 9972        | 8  |            |
| 9973        | 78 |            |
| TOTAL       | 86 | 5.923413   |
|             |    | 509.413566 |

| DEP OF RET | X | RATIO    |
|------------|---|----------|
| 9972       | 0 |          |
| 9973       | 0 |          |
| TOTAL      | 0 | 5.923413 |
|            |   | 0        |

RAPS ACTIVE DUTY DATA

|       |      |      |      |      |      |      |
|-------|------|------|------|------|------|------|
| FY 94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY00 |
| 1117  | 1091 | 1057 | 1026 | 1026 | 1026 | 1026 |
| FY 93 | 1167 |      |      |      |      |      |

|         |           |              |       |          |      |            |       |
|---------|-----------|--------------|-------|----------|------|------------|-------|
| FY 93   | PROCEDURE | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET      | CTV'S |
| CLASS 1 | 152       |              |       |          |      |            |       |
| CLASS 2 | 610       | 0.754950     | 1167  | 881.0272 | 4.55 | 4008.67388 |       |
| CLASS 3 | 27        | 0.033415     | 1167  | 38.99628 | 9.22 | 359.545767 |       |
| CLASS 4 | 19        | 0.023514     | 1167  | 27.44183 | 4.77 | 130.897537 |       |
| TOTAL   | 808       |              |       |          |      | 4499.11719 |       |

|       |              |       |          |      |          |     |
|-------|--------------|-------|----------|------|----------|-----|
| FY 94 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV |
|       | 0.754950     | 1117  | 843.2797 | 4.55 | 3836.922 |     |
|       | 0.033415     | 1117  | 37.32549 | 9.22 | 344.1410 |     |
|       | 0.023514     | 1117  | 26.26608 | 4.77 | 125.2892 |     |

TOTAL 4306.352

|       |              |       |          |      |          |       |
|-------|--------------|-------|----------|------|----------|-------|
| FY 95 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|       | 0.754950     | 1091  | 823.6509 | 4.55 | 3747.612 |       |
|       | 0.033415     | 1091  | 36.45668 | 9.22 | 336.1306 |       |
|       | 0.023514     | 1091  | 25.65470 | 4.77 | 122.3729 |       |

TOTAL 4206.115

|       |              |       |          |      |          |       |
|-------|--------------|-------|----------|------|----------|-------|
| FY 96 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|       | 0.754950     | 1057  | 797.9826 | 4.55 | 3630.821 |       |
|       | 0.033415     | 1057  | 35.32054 | 9.22 | 325.6554 |       |
|       | 0.023514     | 1057  | 24.85519 | 4.77 | 118.5592 |       |

TOTAL 4075.035

|       |              |       |          |      |          |       |
|-------|--------------|-------|----------|------|----------|-------|
| FY 97 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|       | 0.754950     | 1026  | 774.5792 | 4.55 | 3524.335 |       |
|       | 0.033415     | 1026  | 34.28465 | 9.22 | 316.1045 |       |
|       | 0.023514     | 1026  | 24.12623 | 4.77 | 115.0821 |       |

TOTAL 3955.522

|       |              |       |     |      |       |       |
|-------|--------------|-------|-----|------|-------|-------|
| FY 98 | PERCENT RAPS | TOTAL | WTD | CTVS | UNMET | CTV'S |
|-------|--------------|-------|-----|------|-------|-------|

|          |               |               |
|----------|---------------|---------------|
| 0.754950 | 1026 774.5792 | 4.55 3524.335 |
| 0.033415 | 1026 34.28465 | 9.22 316.1045 |
| 0.023514 | 1026 24.12623 | 4.77 115.0821 |

TOTAL 3955.522

\*FY 99/00/01 SAME

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

| PROVIDER TYPE                          | FY<br>1993 | FY<br>1994 | FY<br>1995 | FY<br>1996 | FY<br>1997 | FY<br>1998 | FY<br>1999 | FY<br>2000 | FY<br>2001 |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| DENTISTS (MIL AND CIV)                 | 01         | 01         | 01         | 01         | 01         | 01         | 01         | 01         | 01         |
| PROPHY<br>TECHNICIANS (MIL<br>AND CIV) | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          |
| DENTAL HYGIENISTS<br>(MIL AND CIV)     | 01         | 01         | 01         | 01         | 01         | 01         | 01         | 01         | 01         |

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. HORTON

*C. B. Horton*

NAME (Please type or print)

Signature

COMMANDING OFFICER

31 May 94

Title

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

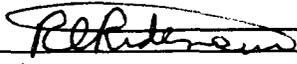
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

x   
Signature

ACTING CHIEF BUMED  
Title

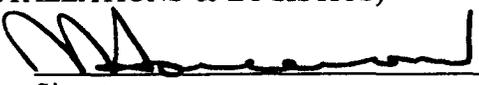
16 JUN 1994  
Date

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

ACTWB  
Title

28 JUN 1994  
Date

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# Document Separator

4/2

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL CLINIC, ALBANY, GA  
ACTIVITY UIC: 41782

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

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

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## MISSION REQUIREMENTS

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

To provide the highest standard of dental care to military personnel and other authorized beneficiaries assigned to the Marine Corps Logistics Base, Albany, GA.

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) |
|----------------------|------------------|---------------|---------------------------------|
| MCLB                 | 67004            | ALBANY, GA    | 834                             |
| USAF MEDLOG          | FM4859           | ALBANY, GA    | 22                              |
| DEFDEPOT ALB         | SB335            | ALBANY, GA    | 16                              |
| BRMEDCLINIC          | 35298            | ALBANY, GA    | 14                              |
| STAP                 | M96221           | ALBANY, GA    | 11                              |
| I&I STAFF (RESERVE)  | 77004            | ALBANY, GA    | 07                              |
| I&I STAFF            | 83190            | ALBANY, GA    | 07                              |
| DAO                  | HQ0143           | ALBANY, GA    | 06                              |
| NAVFAC SODIV (ROICC) | N62467           | ALBANY, GA    | 02                              |
| USCENTAGF            | 4448MSF/<br>OLAA | ALBANY, GA    | 02                              |
|                      |                  |               |                                 |
|                      |                  |               |                                 |
|                      |                  |               |                                 |
|                      |                  |               |                                 |
|                      |                  |               |                                 |

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

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 921          |
| B. FY1993 MET WORKLOAD (CTVs)      | 28298        |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 4499         |
| D. TOTAL WORKLOAD (B+C)            | 32797        |
| E. MET WORKLOAD PER CAPITA (B÷A)   | 30.72        |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 4.88         |
| G. WORKLOAD PER CAPITA (D÷A)       | 35.61        |

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

Maximum capacity for CTVs: 28596

Explanation: CTV workload does not reflect % no show rate

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 1167         |
| B. FY1993 MET WORKLOAD (CTVs)      | 19657        |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 4499         |
| D. TOTAL WORKLOAD (B+C)            | 24156        |
| E. MET WORKLOAD PER CAPITA (B+A)   | 16.84        |
| F. UNMET WORKLOAD PER CAPITA (C+A) | 3.86         |
| G. WORKLOAD PER CAPITA (D+A)       | 20.70        |

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

Maximum capacity for CTVs: 20050

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

940014  
M6063  
RSL

Ⓜ

BRAC 29  
NDC  
ALBAAS

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| POPULATION                          | 921     | 1091    | 1057    | 1026    | 1026    | 1026    | 1026    | 1026    |
| A: TOTAL MET CTVs                   | 28398   | 33515   | 32471   | 31519   | 31519   | 31519   | 31519   | 31519   |
| B: TOTAL UNMET CTVs                 | 4306    | 4206    | 3975    | 3955    | 3955    | 3955    | 3955    | 3955    |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 32604   | 37721   | 36546   | 35474   | 35474   | 35474   | 35474   | 35474   |
| DENTISTS (MIL AND CIV)              | 01      | 01      | 01      | 01      | 01      | 01      | 01      | 01      |
| 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: 28596

Explanation: Maximum CTV's don't reflect 1% no show rate

940614  
MAG3  
RM

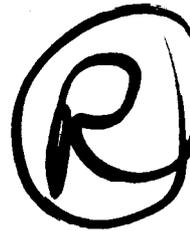
4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| POPULATION                          | 1117    | 1091    | 1057    | 1026    | 1026    | 1026    | 1026    | 1026    |
| A: TOTAL MET CTVs                   | 19657   | 19657   | 19657   | 19657   | 19657   | 19657   | 19657   | 19657   |
| B: TOTAL UNMET CTVs                 | 4306    | 4206    | 4075    | 3955    | 3955    | 3955    | 3955    | 3955    |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 23963   | 23863   | 23732   | 23612   | 23612   | 23612   | 23612   | 22965   |
| DENTISTS (MIL AND CIV)              | 01      | 01      | 01      | 01      | 01      | 01      | 01      | 01      |
| PROPEY TECHNICIANS (MIL AND CIV)    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| DENTAL HYGIENISTS (MIL AND CIV)     | 01      | 01      | 01      | 01      | 01      | 01      | 01      | 01      |

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

If row A is not your maximum capacity for CTVs: 63328  
 Maximum capacity for CTVs: 63328  
 Explanation: Maximum CTV's don't reflect 6% no show rate FROM 4 TO 3 IN FY 95.  
 \*\* NOTE: # OF PROVIDERS IS PROGRAMMED TO DROP FROM 4 TO 3 IN FY 95.



Page 2  
NDC  
A26

UNFILED RATE 1/0  
(NOS HOU)

\* TOTAL LEAD LEAD  
(CIVIS) BASED ON  
DAS DATA

BDC ALBANY

|       |      |          |        |      |       |
|-------|------|----------|--------|------|-------|
| FY93  | 9972 | 2051     | AUG 93 | 9972 | 351 * |
|       | 9973 | 656      |        | 9973 | 106 * |
|       |      | 2707     |        |      | 457   |
| YR    | 2707 | 5.923413 |        |      |       |
| MONTH | 457  |          |        |      |       |

---

| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
|--------------------|------|--------|-------|-------|
| 9972               | 25   | 293    | 8     | 326   |
| 9973               | 3    | 25     | 78    | 106   |
| TOTALS             | 28   | 318    | 86    | 432   |

| AD VISITS | x | RATIO    |
|-----------|---|----------|
| 432       |   | 5.923413 |
|           |   | 2558.914 |

---

| DEP OF ACTIVE DUTY | x  | RATIO      |
|--------------------|----|------------|
| 9972               | 18 |            |
| 9973               | 0  |            |
| TOTAL              | 18 | 5.923413   |
|                    |    | 106.621444 |

---

| RETIRED | x | RATIO      |
|---------|---|------------|
| 9972    | 7 |            |
| 9973    | 0 |            |
| TOTAL   | 7 | 5.923413   |
|         |   | 41.4638949 |

---

| OTHER       | x  | RATIO      |
|-------------|----|------------|
| SEPT TOTALS |    |            |
| 9972        | 8  |            |
| 9973        | 78 |            |
| TOTAL       | 86 | 5.923413   |
|             |    | 509.413566 |

---

| DEP OF RET | x | RATIO    |
|------------|---|----------|
| 9972       | 0 |          |
| 9973       | 0 |          |
| TOTAL      | 0 | 5.923413 |
|            |   | 0        |

RAPS ACTIVE DUTY DATA

| FY 94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY00 | FY01 |
|-------|------|------|------|------|------|------|------|
| 1117  | 1091 | 1057 | 1026 | 1026 | 1026 | 1026 | 1026 |
| FY 93 | 1167 |      |      |      |      |      |      |

| FY 93   | PROCEDURE | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET      | CTV'S |
|---------|-----------|--------------|-------|----------|------|------------|-------|
| CLASS 1 | 152       |              |       |          |      |            |       |
| CLASS 2 | 610       | 0.754950     | 1167  | 881.0272 | 4.55 | 4008.67388 |       |
| CLASS 3 | 27        | 0.033415     | 1167  | 38.99628 | 9.22 | 359.545767 |       |
| CLASS 4 | 19        | 0.023514     | 1167  | 27.44183 | 4.77 | 130.897537 |       |
| TOTAL   | 808       |              |       |          |      | 4499.11719 |       |

| FY 94    | PERCENT RAPS | TOTAL    | WTD  | CTVS     | UNMET | CTV |
|----------|--------------|----------|------|----------|-------|-----|
| 0.754950 | 1117         | 843.2797 | 4.55 | 3836.922 |       |     |
| 0.033415 | 1117         | 37.32549 | 9.22 | 344.1410 |       |     |
| 0.023514 | 1117         | 26.26608 | 4.77 | 125.2892 |       |     |

TOTAL 4306.352

| FY 95    | PERCENT RAPS | TOTAL    | WTD  | CTVS     | UNMET | CTV'S |
|----------|--------------|----------|------|----------|-------|-------|
| 0.754950 | 1091         | 823.6509 | 4.55 | 3747.612 |       |       |
| 0.033415 | 1091         | 36.45668 | 9.22 | 336.1306 |       |       |
| 0.023514 | 1091         | 25.65470 | 4.77 | 122.3729 |       |       |

TOTAL 4206.115

| FY 96    | PERCENT RAPS | TOTAL    | WTD  | CTVS     | UNMET | CTV'S |
|----------|--------------|----------|------|----------|-------|-------|
| 0.754950 | 1057         | 797.9826 | 4.55 | 3630.821 |       |       |
| 0.033415 | 1057         | 35.32054 | 9.22 | 325.6554 |       |       |
| 0.023514 | 1057         | 24.85519 | 4.77 | 118.5592 |       |       |

TOTAL 4075.035

| FY 97    | PERCENT RAPS | TOTAL    | WTD  | CTVS     | UNMET | CTV'S |
|----------|--------------|----------|------|----------|-------|-------|
| 0.754950 | 1026         | 774.5792 | 4.55 | 3524.335 |       |       |
| 0.033415 | 1026         | 34.28465 | 9.22 | 316.1045 |       |       |
| 0.023514 | 1026         | 24.12623 | 4.77 | 115.0821 |       |       |

TOTAL 3955.522

| FY 98 | PERCENT RAPS | TOTAL | WTD | CTVS | UNMET | CTV'S |
|-------|--------------|-------|-----|------|-------|-------|
|-------|--------------|-------|-----|------|-------|-------|

|          |               |               |
|----------|---------------|---------------|
| 0.754750 | 1026 774.5792 | 4.55 3524.335 |
| 0.033415 | 1026 34.28465 | 9.22 316.1045 |
| 0.023514 | 1026 24.12623 | 4.77 115.0821 |

TOTAL

3955.522

\* FY 99/00/01 SAME



**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.51). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard. 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 | SQUARE FEET | AGE (IN YEARS) | CONDITION CODE |
|---------------------|-------------------|-------------|----------------|----------------|
|                     | EDC ALBANY, GA    | 2,100       | 37 (1957)      |                |
|                     |                   |             |                |                |
|                     |                   |             |                |                |
|                     |                   |             |                |                |

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

- 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                  | 03 JANUARY 1994   | UIC                      | 68444    |
|---------------------------------|---|--------------------------|----------|
| FACILITY                        | BRANCH DENTAL CLINIC, MARINE CORP LOGISTICS BASE<br>ALBANY, GEORGIA 31704 |                          |          |
| PART I - DENTAL FACILITY SPACES |   |                          |          |
| SPACE DESCRIPTION               | QUANTITY  | APPROX. SIZE             | REMARKS  |
| 1. CLINIC UNIT                  | 1   | 70' X 30'<br>2,100 SQ FT |          |
| 2. DENTAL TREATMENT ROOM        | 4   | 10' X 12'                |          |
| 3. STERILIZATION ROOM           | 1   | 4' X 13'                 | ADEQUATE |
| 4. X-RAY EXPOSURE ROOM          | 1   | 8' X 11'                 |          |
| 5. DARKROOM                     | 1   | 6' X 6'                  |          |
| 6. PROSTHETIC LAB               | 1<br>1  | 12' X 12'<br>6' X 6'     |          |
| 7. STOREROOM/<br>SUPPLY ROOM    | 1<br>1  | 4' X 6'<br>9' X 13'      |          |
| 8. CONFERENCE ROOM              | 0   |                          |          |
| 9. ADMINISTRATIVE OFFICE        | 1   | 11' X 15'                |          |
| 10. DENTAL OFFICER'S OFFICE     | 1   | 9' X 18'                 |          |

| 3. DENTAL OPERATING LIGHT                   | ADEC 6300<br>PELTON CRANE LF II | 3<br>2   | A-5<br>A-5     |
|---|---------------------------------|----------|----------------|
| 4. CENTRAL VACUUM SYSTEM                    | US TURBINE DUAL PUMP            | 1        | A-5            |
| 5. AIR COMPRESSOR DEHYDRATOR                | WORTHINGTON/5KC14AL20ZAY        | 1        | A-5            |
| 6. STERILIZER                               | PELTON CRANE MAGNA CLAVE        | 1        | A-5            |
| 7. LIFE SUPPORT EQUIPMENT                   |                                 | 0        |                |
| 8. OTHER MAJOR EQUIPMENT                    |                                 | 0        |                |
| <b>SECTION B - PROSTHETIC LAB EQUIPMENT</b> |                                 |          |                |
| ITEM DESCRIPTION                            | MANUFACTURER AND MODEL          | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE                |                                 | 0        |                |
| 2. VACUUM PORCELAIN FURNACE                 |                                 | 0        |                |
| 3. BURNOUT OVEN                             |                                 | 0        |                |
| 4. OTHER PROSTHETIC EQUIPMENT               |                                 | 0        |                |

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 |
|---------|----------------------------------|-----------|-------|
|         |                                  |           |       |
|         | Central Sterilization Renovation | 1992      | 17695 |
|         |                                  |           |       |

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

| PROJECT | DESCRIPTION                    | FUND YEAR | VALUE |
|---------|--------------------------------|-----------|-------|
|         | New 35,500 sq ft dental clinic | 1998      | 3.6 M |
|         |                                |           |       |
|         |                                |           |       |

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

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

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

- Current facility is inadequate. Construction of the new facility will greatly improve efficiency and patient satisfaction.

## LOCATION

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

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

The BDC is centrally located on the base, allowing easy access for customers.

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

Air: Municipal Airport - 20 minutes

Rail: N/A

Sea: N/A

Ground: I-75 - one hour. Bus station - 15 minutes.

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

Mobilization point is NAS Jacksonville, a distance of 4 hours by car.

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

5 minutes.

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

- No.

## FEATURES AND CAPABILITIES

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

- Active duty personnel would be referred to Ft. Gordon, GA for dental care. Readiness and time lost from work would be severely impacted.

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

- Dental care would be provided by Ft. Gordon, severely impacting on readiness and increasing the time lost from the workplace.

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

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

| UNIT NAME                       | UNIT NUMBER<br>(IF APPLICABLE) | NUMBER OF STAFF<br>ASSIGNED |
|---------------------------------|--------------------------------|-----------------------------|
| 1ST MARINE BRIGADE,<br>KANEEOHE |                                | 01                          |
|                                 |                                |                             |
|                                 |                                |                             |
|                                 |                                |                             |
|                                 |                                |                             |
|                                 |                                |                             |
|                                 |                                |                             |

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

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

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

13. Quality of Life.

THIS INFORMATION PROVIDED BY HOST ACTIVITY, MCLB, ALBANY, GA, UIC 67004,  
UNDER DATA CALL #43.

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 <sup>1</sup> | 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+                 |                             |              |

---

<sup>1</sup>As of 31 March 1994.

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

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

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

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

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

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

(2) BEQ:

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

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

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

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

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

(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  |              |               |          |
| <b>TOTAL</b>   |              | 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  |              |               |          |
| <b>TOTAL</b>   |              | 100           |          |

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

b. For on-base MWR facilities<sup>2</sup> 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            |       |                      |

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

| City | Distance (Miles) |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

| Location | % Employees | Distance (mi) | Time (min) |
|----------|-------------|---------------|------------|
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |



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

| Institution | Type<br>Classes | Program Type(s)         |                              |                 |                   |          |
|-------------|-----------------|-------------------------|------------------------------|-----------------|-------------------|----------|
|             |                 | Adult<br>High<br>School | Vocational<br>/<br>Technical | Undergraduate   |                   | Graduate |
|             |                 |                         |                              | Courses<br>only | Degree<br>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 -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 10. Wrongful Destruction<br>(6U) |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 11. Larceny - Vehicle (6V)       |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 12. Bomb Threat (7B)             |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. HORTON \_\_\_\_\_

C. B. Horton

NAME (Please type or print)

Signature

COMMANDING OFFICER \_\_\_\_\_

31 May 94

Title

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

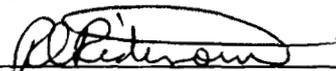
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
\_\_\_\_\_  
Signature

ACTING CHIEF BUMED  
Title

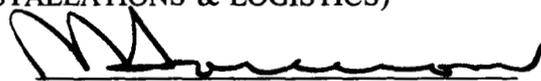
16 JUN 1994  
\_\_\_\_\_  
Date

BUREAU OF MEDICINE AND SURGERY  
Activity

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

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

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

  
\_\_\_\_\_  
Signature

ACTING  
Title

30 JUN 1994  
\_\_\_\_\_  
Date

# Document Separator

412

DATA CALL 66  
INSTALLATION RESOURCES

**Activity Information:**

Activity Name: NAVAL DENTAL CLINIC, ALBANY, GA.

UIC: 41782

Host Activity Name (if  
response is for a tenant  
activity): MARINE CORPS LOGISTICS BASE, ALBANY, GA.

Host Activity UIC: 67004

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

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

**Activity Name:** NAVAL DENTAL CLINIC, ALBANY, GA.

**UIC:** 41782

FY 1996  
BOS Costs  
(\$000)

| Category                                      | Non-Labor | Labor | Total |
|---|-----------|-------|-------|
| <b>1. Real Property Maintenance Costs:</b>    |           |       |       |
| 1a. Maintenance and Repair                    | 1         |       | 1     |
| 1b. Minor Construction                        | n/a       |       |       |
| 1c. Sub-total 1a. and 1b.                     | 1         |       | 1     |
| <b>2. Other Base Operating Support Costs:</b> |           |       |       |
| 2a. Utilities                                 | 6         |       | 6     |
| 2b. Transportation                            | n/a       |       | n/a   |
| 2c. Environmental                             | n/a       |       | n/a   |
| 2d. Facility Leases                           | n/a       |       | n/a   |
| 2e. Morale, Welfare & Recreation              | n/a       |       | n/a   |
| 2f. Bachelor Quarters                         | n/a       |       | n/a   |
| 2g. Child Care Centers                        | n/a       |       | n/a   |
| 2h. Family Service Centers                    | n/a       |       | n/a   |
| 2i. Administration                            | n/a       |       | n/a   |
| 2j. Other (Specify)                           | n/a       |       | n/a   |
| 2k. Sub-total 2a. through 2j:                 | 6         |       | 6     |

**DATA CALL 66  
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.): 7

DATA CALL 66  
INSTALLATION RESOURCES

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

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

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

**Activity Name:** NAVAL DENTAL CLINIC, ALBANY, GA.      **UIC:** 41782

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

**Table 2 - Services/Supplies Cost Data**

**Activity Name:** NAVAL DENTAL CLINIC, ALBANY, GA.

**UIC:** 41782

| <b>Cost Category</b>                              | <b>FY 1996<br/>Projected Costs<br/>(\$000)</b> |
|---|--|
| Travel:   | 2  |
| Material and Supplies (including equipment):      | 15   |
| Industrial Fund Purchases (other DBOF purchases): | n/a  |
| Transportation:                                   | n/a  |

**DATA CALL 66  
INSTALLATION RESOURCES**

|  |    |
|--|----|
| <b>Other Purchases (Contract support, etc.):</b> | 6  |
| <b>Total:</b>                                    | 23 |

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

**Table 3 - Contract Workyears**

**Activity Name:** NAVAL DENTAL CLINIC, ALBANY, GA.

**UIC:** 41782

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

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

DATA CALL 66  
INSTALLATION RESOURCES

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

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

n/a

2) Estimated number of workyears which would be eliminated:

n/a

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

No. of Additional  
Contract Workyears  
Which Would Be  
Eliminated

General Type of Work Performed on Contract (e.g.,  
engineering support, technical services, etc.)

.07 LAUNDRY SERVICES

No. of Additional  
Contract Workyears  
Which Would Be  
Relocated

General Type of Work Performed on Contract (e.g.,  
engineering support, technical services, etc.)

N/A

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
18 July 1999  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
7-18-94  
Date

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC USN  
NAME (Please type or print)  
ACTING CHIEF BUMED  
Title  
BUREAU OF MEDICINE AND SURGERY  
Activity

[Signature]  
Signature  
AUG 4 1994  
Date

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

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

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

[Signature]  
Signature  
19 AUG 1994  
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. Horton, CAPT, DC, USN

NAME (Please type or print)

  
Signature

Commanding Officer

Title

13 July 1994

Date

Naval Dental Center Jacksonville, FL

Activity

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



BRAC-95 CERTIFICATION

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

Connie A. Robbs  
NAME (Please type or print)  
Budget Analyst  
Title

Connie A. Robbs  
Signature  
13 Jul 1994  
Date

Finance  
Division

Budget  
Department

Naval Dental Center, Jacksonville, Fl.  
Activity

# Document Separator

413

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRDENCLINIC FAWSTC SDIEGO CA  
ACTIVITY UIC: 35731**

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

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

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**MISSION REQUIREMENTS**

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

| CTVS  | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 37521  | 37521  | 37521  | 37521  | 37521  | 37521  | 37521  | 37521  | 37521  |
| UNMET | 8687   | 8687   | 8687   | 8687   | 8687   | 8687   | 8687   | 8687   | 8687   |
| TOTAL | 46208  | 46208  | 46208  | 46208  | 46208  | 46208  | 46208  | 46204  | 46208  |

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

Please show all calculations and assumptions in the space below:

MET = Total CTV FY-93 = 37,521

| UNMET = | CLASS | RECORDS | MULTIPLES | UNMET NEEDS |
|---------|-------|---------|-----------|-------------|
|         | 2     | 621     | 4.55      | 2,826       |
|         | 3     | 284     | 9.20      | 2,613       |
|         | 4     | 681     | 4.77      | 3,248       |
|         |       |         | TOTAL     | 8,687       |

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

**SAME AS NUMBER 1.**

| CTVS  | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   |        |        |        |        |        |        |        |        |
| UNMET |        |        |        |        |        |        |        |        |
| TOTAL |        |        |        |        |        |        |        |        |

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

Please show all calculations and assumptions in the space below:

*[Handwritten signature]*  
940615

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   | 74502  | 74502  | 74502  | 74502  | 74502  | 74502  | 74502  | 74502  |
| UNMET | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| TOTAL | 74502  | 74502  | 74502  | 74502  | 74502  | 74502  | 74502  | 74502  |

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:

**FY-93 TOTAL MET CTV WAS 37,521 WITH 2 DENTAL OFFICERS AND ONE PROPHY TECH AVAILABLE TO PRODUCE THE NECESSARY CTV. FOR FY-1994 TO 2001 THE ESTIMATED CTV IS 74,502. THIS IS ASSUMING THAT 5 DENTAL OFFICERS AND ONE PROPHY TECH WILL BE AVAILABLE TO PROVIDE THE ESSENTIAL SERVICES.**

940615  
MED 63  
R. M. Maly

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<br>1993 | FY<br>1994 | FY<br>1995 | FY<br>1996 | FY<br>1997 | FY<br>1998 | FY<br>1999 | FY<br>2000 | FY<br>2001 |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| DENTISTS (MIL AND CIV)                 | 3          | 3          | 3          | 3          | 3          | 3          | 3          | 3          | 3          |
| PROPHY<br>TECHNICIANS (MIL<br>AND CIV) | 2          | 2          | 2          | 2          | 2          | 2          | 2          | 2          | 2          |
| DENTAL HYGIENISTS<br>(MIL AND CIV)     | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          |

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

LCDR R.E. GERHARDT, DC, USN  
NAME (Please type or print)

R. E. Gerhardt  
Signature

DIRECTOR  
Title

25 May 94  
Date

BRANCH DENTAL CLINIC, ANTI-SUBMARINE WARFARE TRAINING CENTER  
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity



Signature

26 May 94

Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

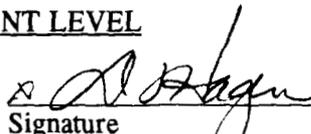
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL  
Title

BUREAU OF MEDICINE AND SURGERY  
Activity

  
Signature  
6-17-94  
Date

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

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

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

ACTD06  
Title

  
Signature  
28 JUN 1994  
Date

# Document Separator

413

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRDENCLINIC FASWTC SDIEGO CA  
ACTIVITY UIC: 35731

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

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

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## **MISSION REQUIREMENTS**

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

Provide dental services to personnel attached to Fleet Anti-Submarine Warfare Training Center, San Diego and tenant commands located on the base.

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

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) |
|----------------|-------|---------------|---------------------------------|
| FASWTC STAFF   | 42851 | ASW BASE      | 655                             |
| FASWTC STUDENT | 30586 | ASW BASE      | 655                             |
| FCTCP          | 61665 | CATALINA BLVD | 494                             |
| NRAD           | 66001 | POINT LOMA    | 91                              |
| ATTG PAC       | 53996 | ASW BASE      | 55                              |
| ATG            | 57062 | ASW BASE      | 39                              |
| NCTSI          | 53996 | ASW BASE      | 28                              |
| PSD            | 42817 | ASW BASE      | 22                              |
|                |       |               |                                 |
|                |       |               |                                 |
|                |       |               |                                 |
|                |       |               |                                 |
|                |       |               |                                 |
|                |       |               |                                 |

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

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

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 2,093        |
| B. FY1993 MET WORKLOAD (CTVs)      | 37,521       |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 8,687        |
| D. TOTAL WORKLOAD (B+C)            | 42,208       |
| E. MET WORKLOAD PER CAPITA (B÷A)   | 17.93        |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 4.15         |
| G. WORKLOAD PER CAPITA (D÷A)       | 22.08        |

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

Maximum capacity for CTVs: N/A

Explanation:

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

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| POPULATION                          | 2100    | 2100    | 2100    | 2100    | 2100    | 2100    | 2100    | 2100    |
| A: TOTAL MET CTVS                   | 40000   | 40000   | 40000   | 40000   | 40000   | 40000   | 40000   | 40000   |
|                                     | ---     |         |         |         |         |         |         |         |
|                                     | ---     |         |         |         |         |         |         |         |
| B: TOTAL UNMET CTVS                 | 9000    | 9000    | 9000    | 9000    | 9000    | 9000    | 9000    | 9000    |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 49000   | 49000   | 49000   | 49000   | 49000   | 49000   | 49000   | 49000   |
| DENTISTS (MIL AND CIV)              | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       |

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| PROPHY<br>TECHNICIANS<br>(MIL AND<br>CIV) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| DENTAL<br>HYGIENISTS<br>(MIL AND<br>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: 60,000

Explanation: There is room for five (5) dental officers.

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

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

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



**FACILITIES**

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

**\*\* NOT APPLICABLE. HOST COMMAND, FLEET ANTI-SUBMARINE WARFARE TRAINING CENTER, SAN DIEGO, UIC-00948 MAINTAINS THE INVENTORY RECORDS.**

**PLEASE SEE ATTACHED FACILITIES REPORT.**

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

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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 |
|---------|-------------|-----------|-------|
| N/A     | N/A         | N/A       | N/A   |
|         |             |           |       |
|         |             |           |       |

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

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

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

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

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

**NOT APPLICABLE**

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT                                | 01 JANUARY 1994  | UIC                  | 66022    |
|---|--|----------------------|----------|
| FACILITY                                      | BRANCH DENTAL CLINIC, FLEET ASW, BLDG. 10<br>BOX 147, NAVSTA, SAN DIEGO CA 92136 |                      |          |
| <b>PART I - DENTAL FACILITY SPACES</b>        |  |                      |          |
| SPACE DESCRIPTION                             | QUANTITY   | APPROX. SIZE         | REMARKS  |
| 1. CLINIC UNIT<br>ASW BRANCH DENTAL<br>CLINIC | 01   | 48' X 82'            | BLDG. 10 |
| 2. DENTAL TREATMENT<br>ROOM                   | 06   | 10' X 10'            |          |
| 3. STERILIZATION ROOM                         | 01   | 10' X 10'            |          |
| 4. X-RAY EXPOSURE ROOM                        | 01   | 10' X 10'            |          |
| 5. DARKROOM                                   | 01   | 5' X 6'              |          |
| 6. PROSTHETIC LAB                             | 01   | 10' X 10'            |          |
| 7. STOREROOM/<br>SUPPLY ROOM                  | 01<br>01   | 5' X 6'<br>10' X 10' |          |
| 8. CONFERENCE ROOM<br>STAFF LOUNGE            | 01   | 12' X 14'            |          |
| 9. ADMINISTRATIVE<br>OFFICE                   | 01   | 12' X 20'            |          |
| 10. DENTAL OFFICER'S<br>OFFICE                | 01   | 10' X 10'            |          |

|   |          |                    |                            |
|---|----------|--------------------|----------------------------|
| 11. DENTAL REPAIR SHOP                            |          |                    |                            |
| 12. PATIENT WAITING AREA                          | 01       | 15' X 19'          |                            |
| 13. RECORDS CONTROL OFFICE                        |          |                    | COMBINED WITH ADMIN OFFICE |
| 14. LOCKER ROOM (MALE)                            |          |                    | COMBINED WITH MALE HEAD    |
| 15. LOCKER ROOM (FEMALE)                          |          |                    | COMBINED WITH FEMALE HEAD  |
| 16. TOILET FACILITY (MALE)                        | 01       | 8' X 14'           |                            |
| 17. TOILET FACILITY (FEMALE)                      | 01       | 10' X 10'          |                            |
| 18. OTHER MAJOR ROOMS<br>PT'S HEAD<br>GEAR LOCKER | 01<br>01 | 5' X 6'<br>5' X 6' |                            |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION          | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---------------------------|------------------------|----------|----------------|
| 1. DENTAL OPERATING UNIT  | ADEC 1005 EXCELLENCE   | 06       | (6)A4          |
| 2. DENTAL OPERATING CHAIR | ADEC 1005              | 06       | (6)A4          |

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| 3. DENTAL OPERATING LIGHT                   | ADEC 6300  | 06             | (6) A4                     |
|---|--|----------------|----------------------------|
| 4. CENTRAL VACUUM SYSTEM                    | DENTAL VACUUM SYSTEM<br>(MODEL VACSTAR 8)                      | 01             | (1) A4                     |
| 5. AIR COMPRESSOR DEHYDRATOR                | AIR TECHNIQUES<br>(MODEL AIRSTAR 7)                            | 01             | (1) A4                     |
| 6. STERILIZER                               | PELTON AND CRANE<br>(MAGNACLAVE)<br>PELTON AND CRANE VALIDATOR | 01<br>01       | (1) A4<br>(1) A4           |
| 7. LIFE SUPPORT EQUIPMENT                   |  |                |                            |
| 8. OTHER MAJOR EQUIPMENT                    |  |                |                            |
| <b>SECTION B - PROSTHETIC LAB EQUIPMENT</b> |  |                |                            |
| ITEM DESCRIPTION                            | MANUFACTURER AND MODEL   | QUANTITY       | CONDITION CODE             |
| 1. AUTOMATIC CASTING MACHINE                |  |                |                            |
| 2. VACUUM PORCELAIN FURNACE                 |  |                |                            |
| 3. BURNOUT OVEN                             |  |                |                            |
| 4. OTHER PROSTHETIC EQUIPMENT               | RED WING POLISHER<br>AQUA VAC<br>JELENKO AUTO GLAZER           | 01<br>01<br>01 | (1) A4<br>(1) A4<br>(1) A4 |

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## LOCATION

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

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

**Extremely important. Close to fleet activities.**

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

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

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

**No impact.**

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

**15 minutes.**

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

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

## **FEATURES AND CAPABILITIES**

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

Loss of a very new and modern facility. We are very close to patients work place, therefore, there is minimal time loss on the job.

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

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

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

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

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

| UNIT NAME | UNIT NUMBER<br>(IF APPLICABLE) | NUMBER OF STAFF<br>ASSIGNED |
|-----------|--------------------------------|-----------------------------|
| N/A       | N/A                            | N/A                         |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |

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

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

13. Quality of Life.

\*\* NOT APPLICABLE. REPORTED UNDER HOST COMMAND, FLEET ANTI-SUBMARINE WARFARE TRAINING CENTER, PACIFIC, SAN DIEGO, UIC-00948, DATA CALL NOS. 37 & 38

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

| Pay Grade   | Number of Bedrooms | Number on List <sup>1</sup> | 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+                 |                             |              |

<sup>1</sup>As of 31 March 1994.

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

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

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

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

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

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

(2) BEQ:

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

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

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

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

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

(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  |              |               |          |
| <b>TOTAL</b>   |              | 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:

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

(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  |              |               |          |
| <b>TOTAL</b>   |              | 100           |          |

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

b. For on-base MWR facilities<sup>2</sup> 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            |       |                      |

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

| Service                   | Unit of Measure | Qty |
|---------------------------|-----------------|-----|
| Exchange                  | SF              |     |
| Gas Station               | SF              |     |
| Auto Repair               | SF              |     |
| Auto Parts Store          | SF              |     |
| Commissary                | SF              |     |
| Mini-Mart                 | SF              |     |
| Package Store             | SF              |     |
| Fast Food Restaurants     | Each            |     |
| Bank/Credit Union         | Each            |     |
| Family Service Center     | SF              |     |
| Laundromat                | SF              |     |
| Dry Cleaners              | Each            |     |
| ARC                       | PN              |     |
| Chapel                    | PN              |     |
| FSC<br>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<br>Classes | Program Type(s)         |                              |                 |                   |          |
|-------------|-----------------|-------------------------|------------------------------|-----------------|-------------------|----------|
|             |                 | Adult<br>High<br>School | Vocational<br>/<br>Technical | Undergraduate   |                   | Graduate |
|             |                 |                         |                              | Courses<br>only | Degree<br>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 w of your response.

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

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case 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 -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |

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

|                                  |  |  |  |
|----------------------------------|--|--|--|
| Off Base Personnel -<br>civilian |  |  |  |
|----------------------------------|--|--|--|

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR R.E. GERHARDT, DC, USN  
NAME (Please type or print)

R. E. Gerhardt  
Signature

DIRECTOR  
Title

25 May 94  
Date

BRANCH DENTAL CLINIC, ANTI-SUBMARINE WARFARE TRAINING CENTER  
Activity

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

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

Signature

Date

*T.C. Splitgerber*

*26 May 94*

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

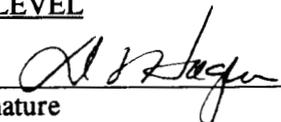
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
Signature

CHIEF BUMED/SURGEON GENERAL  
Title

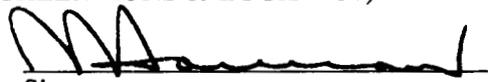
6-17-94  
Date

BUREAU OF MEDICINE AND SURGERY  
Activity

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

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

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

  
Signature

ACTING  
Title

30 JUN 1994  
Date

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# Document Separator

112

**Activity Information:**

|  |  |
|--|--|
| Activity Name:   | BDC, ASW, SAN DIEGO                                  |
| UIC:   | 35731  |
| Host Activity Name<br>(if response is for<br>a tenant activity): | ANTI-SUBMARINE WARFARE TRAINING CENTER,<br>SAN DIEGO |
| Host Activity UIC:   | 09961  |

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

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

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



**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

O&M, DPH

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

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

| <b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b> |   |             |       |
|--|---|-------------|-------|
| <b>Activity Name: NOT APPLICABLE</b>                           |   | <b>UIC:</b> |       |
| Category   | FY 1996 Net Cost From UC/FUND-4 (\$000) |             |       |
|  | Non-Labor                               | Labor       | Total |
| <b>1. Real Property Maintenance Costs:</b>                     |   |             |       |
| 1a. Real Property Maintenance (> \$15K)                        |   |             |       |
| 1b. Real Property Maintenance (< \$15K)                        |   |             |       |
| 1c. Minor Construction (Expensed)                              |   |             |       |
| 1d. Minor Construction (Capital Budget)                        |   |             |       |
| <b>1e. Sub-total 1a. through 1d.</b>                           |   |             |       |
| <b>2. Other Base Operating Support Costs:</b>                  |   |             |       |
| 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)  |   |             |       |
| <b>2m. Sub-total 2a. through 2l:</b>                           |   |             |       |
| <b>3. Depreciation</b>   |   |             |       |
| <b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>              |   |             |       |

**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.

| <b>Table 2 - Services/Supplies Cost Data</b>                                     |  |
|--|--|
| <b>Activity Name: BDC, ANTI-SUBMARINE WARFARE<br/>TRAINING CENTER, SAN DIEGO</b> | <b>UIC: 35731</b>                              |
| <b>Cost Category</b>   | <b>FY 1996<br/>Projected Costs<br/>(\$000)</b> |
| <b>Travel:</b>   | 0  |
| <b>Material and Supplies (including equipment):</b>                              | 26666  |
| <b>Industrial Fund Purchases (other DBOF purchases):</b>                         | 0  |
| <b>Transportation:</b>   | 0  |
| <b>Other Purchases (Contract support, etc.):</b>                                 | 2219   |
| <b>Total:</b>  | 28885  |

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**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

| <b>Table 3 - Contract Workyears</b>   |  |
|---|--|
| <b>Activity Name:</b> BDC, ANTI-SUBMARINE WARFARE<br>TRAINING CENTER, SAN DIEGO | <b>UIC:</b> 35731  |
| <b>Contract Type</b>  | <b>FY 1996 Estimated<br/>Number of<br/>Workyears On-Base</b> |
| Construction:   | 0  |
| Facilities Support:   | 0  |
| Mission Support:  | 0  |
| Procurement:  | 0  |
| Other:*   | 0  |
| <b>Total Workyears:</b>   | <b>0</b>   |

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

NOT APPLICABLE

**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)):

NONE

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

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

NOT APPLICABLE

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

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

Signature 

COMMANDING OFFICER (Acting)  
Title

Date JUL 13 1994

NAVAL DENTAL CENTER, SAN DIEGO, CA  
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

\_\_\_\_\_  
NAME (Please type or print)

Officer in Charge, Acting

\_\_\_\_\_  
Title

Naval Healthcare Support  
Office, San Diego

\_\_\_\_\_  
Activity

R.R. Skog  
Signature

14 July 1994

\_\_\_\_\_  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

D.F. Hagen  
Signature

7-19-94

\_\_\_\_\_  
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

W. A. Earner  
Signature

7/27/94

\_\_\_\_\_  
Date

# Document Separator

4171

**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

Activity Name: NAVAL DENTAL CLINIC, ATHENS, GA.

UIC: 41781

Host Activity Name (if  
response is for a tenant  
activity): NAVY SUPPLY CORPS SCHOOL

Host Activity UIC: 62741

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

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

**Activity Name:** NAVAL DENTAL CLINIC, ATHENS, GA.      **UIC:** 41781  
FY 1996

| Category                                      | BOS Costs<br>(\$000) |       | Total |
|---|----------------------|-------|-------|
|   | Non-Labor            | Labor |       |
| <b>1. Real Property Maintenance Costs:</b>    |                      |       |       |
| 1a. Maintenance and Repair                    | 2                    |       | 2     |
| 1b. Minor Construction                        | n/a                  |       |       |
| 1c. Sub-total 1a. and 1b.                     | 2                    |       | 2     |
| <b>2. Other Base Operating Support Costs:</b> |                      |       |       |
| 2a. Utilities                                 | 21                   |       | 21    |
| 2b. Transportation                            | n/a                  |       |       |
| 2c. Environmental                             | n/a                  |       |       |
| 2d. Facility Leases                           | n/a                  |       |       |
| 2e. Morale, Welfare & Recreation              | n/a                  |       |       |
| 2f. Bachelor Quarters                         | n/a                  |       |       |
| 2g. Child Care Centers                        | n/a                  |       |       |
| 2h. Family Service Centers                    | n/a                  |       |       |
| 2i. Administration                            | n/a                  |       |       |
| 2j. Other (Specify)                           | n/a                  |       |       |
| 2k. Sub-total 2a. through 2j:                 | 21                   |       | 21    |

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Grand Total (sum of 1c. and 2k.): 23**

**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> |
|----------------------|-----------------------|
|----------------------|-----------------------|

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

**Activity Name:** NAVAL DENTAL CLINIC, ATHENS, GA. **UIC:** 41781

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

**Table 2 - Services/Supplies Cost Data**  
Activity Name: NAVAL DENTAL CLINIC, ATHENS, GA.

UIC: 41781

| Cost Category                                     | FY 1996<br>Projected Costs<br>(\$000) |
|---|---------------------------------------|
| Travel:   | 2                                     |
| Material and Supplies (including equipment):      | 11                                    |
| Industrial Fund Purchases (other DBOF purchases): | n/a                                   |
| Transportation:                                   | n/a                                   |

**DATA CALL 66  
INSTALLATION RESOURCES**

|  |    |
|--|----|
| <b>Other Purchases (Contract support, etc.):</b> | 4  |
| <b>Total:</b>                                    | 17 |

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

**Table 3 - Contract Workyears**

**Activity Name:** NAVAL DENTAL CLINIC, ATHENS, GA.

**UIC:** 41781

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

n/a

2) Estimated number of workyears which would be eliminated:

n/a

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

n/a

**DATA CALL 66  
INSTALLATION RESOURCES**

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

No. of Additional  
Contract Workyears  
Which Would Be  
Eliminated

General Type of Work Performed on Contract (e.g.,  
engineering support, technical services, etc.)

.07 LAUNDRY SERVICES

No. of Additional  
Contract Workyears  
Which Would Be  
Relocated

General Type of Work Performed on Contract (e.g.,  
engineering support, technical services, etc.)

n/a

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
18 July 1994  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
7-18-94  
Date

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN  
NAME (Please type or print)  
ACTING CHIEF BUMED  
Title  
BUREAU OF MEDICINE AND SURGERY  
Activity

[Signature]  
Signature AUG 4 1994  
Date

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

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

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

[Signature]  
Signature  
19 AUG 1994  
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

  
Signature

Commanding Officer  
Title

13 July 1994  
Date

Naval Dental Center Jacksonville, FL  
Activity

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



BRAC-95 CERTIFICATION

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

Connie A. Robbs

NAME (Please type or print)

Budget Analyst

Title

Finance

Division

Budget

Department

Naval Dental Center, Jacksonville, Fl.

Activity

Connie A. Robbs

Signature

13 Jul 1994

Date

---

# Document Separator

**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, ATHENS, GA |
| Acronym(s) used in correspondence | BRDENCLINIC ATHENS               |
| Commonly accepted short title(s)  | BDC ATHENS                       |

- Complete Mailing Address  
 Commanding Officer      Branch Dental Clinic  
 Naval Dental Center      Naval Supply Corps SchoolBase  
 P.O. Box 74                1425 Prince Aveune  
 Jacksonville, FL            Athens, GA 30606-2205  
 32212-0074

- PLAD NAVDENCEN JACKSONVILLE FL

- PRIMARY UIC: 41781 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): \_\_\_\_\_ PURPOSE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. **PLANT ACCOUNT HOLDER:**

- Yes \_\_\_\_\_ No X (check one)

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

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

• Yes \_\_\_\_\_ No  X  (check one)

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

• Yes  X  No \_\_\_\_\_ (check one)

- Primary Host (current) UIC:  46742
- Primary Host (as of 01 Oct 1995) UIC:  46742
- Primary Host (as of 01 Oct 2001) UIC:  46742

• 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  |          |     |

41781

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

| Name | UIC | Location | Host name | Host UIC |
|------|-----|----------|-----------|----------|
| N/A  |     |          |           |          |

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

NONE

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

Current Missions

- Provide dental support to personnel stationed at Naval Supply School and transient students.
- Supports adjacent medical clinics in times of medical disasters
- 
- 
- 
- 

Projected Missions for FY 2001

- Same as above
- 
- 
- 
-

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

Current Unique Missions

- No unique missions
- 
- 

Projected Unique Missions for FY 2001

- None
- 
- 

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

|   |                    |
|---|--------------------|
| <ul style="list-style-type: none"> <li>• Naval Dental Center, Jacksonville, FL UIC</li> </ul> <hr/> | <p>68444</p> <hr/> |
| <ul style="list-style-type: none"> <li>• Funding Source</li> </ul> <hr/>                            | <p>UIC</p> <hr/>   |

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 | 1        | 3        | 1               |
| • Tenants (total)   | _____    | _____    | _____           |

Authorized Positions as of 30 September 1994

|                     | Officers | Enlisted | C i v i l i a n |
|---------------------|----------|----------|-----------------|
| (Appropriated)      |          |          |                 |
| • Reporting Command | 1        | 3        | X O USA         |
| • Tenants (total)   | _____    | _____    | _____           |

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

| <u>Title/Name</u>                     | <u>Office</u>                                      | <u>Fax</u> | <u>Home</u> |
|---------------------------------------|--|------------|-------------|
| • CO, CAPT Charles B. Horton, DC, USN |  |            |             |
|                                       | (904) 772-2863, (904) 722-4125, (904) 573-573-0243 |            |             |
| • Duty Officer                        | (904) 772-3441, (904) 772-4125 [ N/A ]             |            |             |
| • _____                               |  |            |             |
| • _____                               |  |            |             |

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

- Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
| N/A                 |     |         |          |          |

- Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
|                     |     |         |          |          |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---------------------|-----|----------|---------|----------|----------|
|                     |     |          |         |          |          |

- Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---------------------|-----|----------|---------|----------|----------|
|                     |     |          |         |          |          |

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

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

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

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

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

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

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

# Document Separator

414

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL CLINIC ATHENS, GEORGIA  
ACTIVITY UIC: 41781

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

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

**TABLE OF CONTENTS**

**MISSION REQUIREMENTS**

|                   |     |
|-------------------|-----|
| 1. Workload ..... | 3,4 |
| 2. Staffing ..... | 5   |

**MISSION REQUIREMENTS**

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs  | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 13049  | 12259  | 12088  | 11916  | 11916  | 11916  | 11916  | 11916  | 11916  |
| UNMET | 1603   | 1485   | 1463   | 1478   | 1478   | 1478   | 1478   | 1478   | 1478   |
| TOTAL | 14652  | 13744  | 13551  | 13444  | 13444  | 13444  | 13444  | 13444  | 13444  |

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

Please show all calculations and assumptions in the space below: See attached sheet

**MISSION REQUIREMENTS**

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

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

| CTVs  | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NET   | 21487  | 21487  | 21487  | 21487  | 21487  | 21487  | 21487  | 21487  | 21487  |
| UNMET | 1603   | 1485   | 1463   | 1478   | 1478   | 1478   | 1478   | 1478   | 1478   |
| TOTAL | 23090  | 22972  | 22950  | 22965  | 22965  | 22965  | 22965  | 22965  | 22965  |

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

Please show all calculations and assumptions in the space below: See attached sheet

*(Large handwritten circled 'R' with a '3' below it)*

*940614  
MEG3  
(Signature)*

*MAC28  
NDC  
ATTN: (Signature)*

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs  | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 12259  | 12088  | 11916  | 11916  | 11916  | 11916  | 11916  | 11916  |
| UNMET | 1485   | 1463   | 1478   | 1478   | 1478   | 1478   | 1478   | 1478   |
| TOTAL | 13744  | 13551  | 13444  | 13444  | 13444  | 13444  | 13444  | 13444  |

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

Please show all calculations and assumptions in the space below: See attached sheet.

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTV's | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 21487  | 21487  | 21487  | 21487  | 21487  | 21487  | 21487  | 21487  |
| UNMET | 1485   | 1463   | 1473   | 1478   | 1478   | 1478   | 1478   | 1478   |
| TOTAL | 22972  | 22950  | 22965  | 22965  | 22965  | 22965  | 22965  | 22965  |

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

Please show all calculations and assumptions in the space below. See attached sheet.



940614  
MAY 63  
[Signature]

MAY 28  
MDC  
ATTN: [unclear]

BDC ATHENS

|      |      |      |        |      |       |
|------|------|------|--------|------|-------|
| FY93 | 9972 | 944  | AUG 93 | 9972 | 116 * |
|      | 9973 | 2317 |        | 9973 | 272 * |
|      |      | 3261 |        |      | 388   |

YR 3261 8.404639

MONTH 388

---

| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
|--------------------|------|--------|-------|-------|
| 9972               | 92   | 0      | 7     | 99    |
| 9973               | 194  | 5      | 37    | 236   |
| TOTALS             | 286  | 5      | 44    | 335   |

|           |   |                   |
|-----------|---|-------------------|
| AD VISITS | x | RATIO             |
| 335       |   | 8.404639 2815.554 |

---

|                    |    |                     |
|--------------------|----|---------------------|
| DEP OF ACTIVE DUTY | X  | RATIO               |
| 9972               | 4  |                     |
| 9973               | 11 |                     |
| TOTAL              | 15 | 8.404639 126.069587 |

---

|         |    |                     |
|---------|----|---------------------|
| RETIRED | X  | RATIO               |
| 9972    | 9  |                     |
| 9973    | 22 |                     |
| TOTAL   | 31 | 8.404639 260.543814 |

---

OTHER

|             |    |                     |
|-------------|----|---------------------|
| SEPT TOTALS | X  | RATIO               |
| 9972        | 7  | 8.404639            |
| 9973        | 37 |                     |
| TOTAL       | 44 | 8.404639 369.804123 |

---

|            |   |       |
|------------|---|-------|
| DEP OF RET | X | RATIO |
| 9972       | 3 |       |
| 9973       | 2 |       |

UNFILED RATE 3%  
(US HOURS)  
\* TOTAL WORKLOAD (CNS) BASED ON DURS DATA

TOTAL 5 8.404639 42.0231958

-----  
 RAPS ACTIVE DUTY DATA

| FY 94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY00 | FY01 |
|-------|------|------|------|------|------|------|------|
| 402   | 396  | 400  | 398  | 398  | 398  | 398  | 398  |
| FY 93 | 434  |      |      |      |      |      |      |

| FY 93 | PROCEDURE | PERCENT RAPS | TOTAL | WTD CTVS | UNMET | CTV'S |
|-------|-----------|--------------|-------|----------|-------|-------|
|-------|-----------|--------------|-------|----------|-------|-------|

|         |     |          |     |          |      |            |
|---------|-----|----------|-----|----------|------|------------|
| CLASS 1 | 82  |          |     |          |      |            |
| CLASS 2 | 156 | 0.549295 | 434 | 238.3943 | 4.55 | 1084.69436 |
| CLASS 3 | 27  | 0.095070 | 434 | 41.26056 | 9.22 | 380.422394 |
| CLASS 4 | 19  | 0.066901 | 434 | 29.03521 | 4.77 | 138.497957 |

|       |     |  |  |  |  |            |
|-------|-----|--|--|--|--|------------|
| TOTAL | 284 |  |  |  |  | 1603.61471 |
|-------|-----|--|--|--|--|------------|

| FY 94    | PERCENT RAPS | TOTAL    | WTD CTVS | UNMET    | CTV |
|----------|--------------|----------|----------|----------|-----|
| 0.549295 | 402          | 220.8169 | 4.55     | 1004.716 |     |
| 0.095070 | 402          | 38.21830 | 9.22     | 352.3728 |     |
| 0.066901 | 402          | 26.89436 | 4.77     | 128.2861 |     |

|       |  |  |  |  |          |
|-------|--|--|--|--|----------|
| TOTAL |  |  |  |  | 1485.375 |
|-------|--|--|--|--|----------|

| FY 95    | PERCENT RAPS | TOTAL    | WTD CTVS | UNMET    | CTV'S |
|----------|--------------|----------|----------|----------|-------|
| 0.549295 | 396          | 217.5211 | 4.55     | 989.7211 |       |
| 0.095070 | 396          | 37.64788 | 9.22     | 347.1135 |       |
| 0.066901 | 396          | 26.49295 | 4.77     | 126.3714 |       |

|       |  |  |  |  |          |
|-------|--|--|--|--|----------|
| TOTAL |  |  |  |  | 1463.206 |
|-------|--|--|--|--|----------|

| FY 96    | PERCENT RAPS | TOTAL    | WTD CTVS | UNMET    | CTV'S |
|----------|--------------|----------|----------|----------|-------|
| 0.549295 | 400          | 219.7183 | 4.55     | 999.7183 |       |
| 0.095070 | 400          | 38.02816 | 9.22     | 350.6197 |       |
| 0.066901 | 400          | 26.76056 | 4.77     | 127.6478 |       |

|       |  |  |  |  |          |
|-------|--|--|--|--|----------|
| TOTAL |  |  |  |  | 1477.985 |
|-------|--|--|--|--|----------|

| FY 97    | PERCENT RAPS | TOTAL    | WTD CTVS | UNMET    | CTV'S |
|----------|--------------|----------|----------|----------|-------|
| 0.549295 | 398          | 218.6197 | 4.55     | 994.7197 |       |
| 0.095070 | 398          | 37.83802 | 9.22     | 348.8666 |       |
| 0.066901 | 398          | 26.62676 | 4.77     | 127.0096 |       |

|       |  |  |  |  |          |
|-------|--|--|--|--|----------|
| TOTAL |  |  |  |  | 1470.595 |
|-------|--|--|--|--|----------|

\*FY 98/01 SAME



BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. HORTON



NAME (Please type or print)

Signature

COMMANDING OFFICER

31 May 94

Title

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

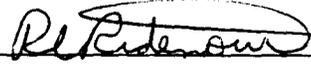
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
\_\_\_\_\_  
Signature

ACTING CHIEF BUMED  
Title

\_\_\_\_\_  
Date

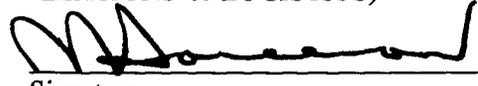
16 JUN 1994

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

28 JUN 1994

# Document Separator

414

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL CLINIC, ATHENS, GEORGIA  
ACTIVITY UIC: 41781

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

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

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## MISSION REQUIREMENTS

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

- To provide dental care to Supply Corps students while in Athens, in addition to a wide range of active duty personnel, including recruiters, ROTC instructors, full time Guard personnel, CDC personnel, and NSCS staff.

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) |
|---------------------|-------|---------------|---------------------------------|
| NSCS students       | 30449 | NSCS Athens   | 115                             |
| NSCS gen skill trng | 42089 | NSCS Athens   | 57                              |
| NSCS                | 62741 | NSCS Athens   | 35                              |
| NAVMEDCLINIC        | 39169 | NSCS Athens   | 10                              |
| BDC                 | 41781 | NSCS Athens   | 05                              |
| PSA                 | 43352 | NSCS Athens   | 05                              |
| STU PC UGA ATHENS   | 42073 | NSCS Athens   | 03                              |
| STU AEPR UGA ATHENS | 42871 | NSCS Athens   | 01                              |
| CN SVPSYSCOM        | 00023 | NSCS Athens   | 01                              |
|                     |       |               |                                 |
|                     |       |               |                                 |
|                     |       |               |                                 |
|                     |       |               |                                 |
|                     |       |               |                                 |

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

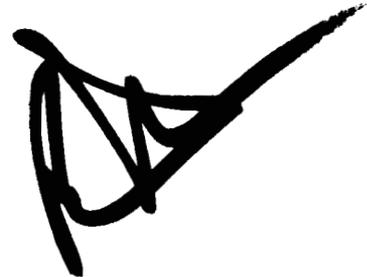
3. Workload per Capita. Complete the following table for your FY 1993 workload:

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 380          |
| B. FY1993 MET WORKLOAD (CTVs)      | 22319        |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 1603         |
| D. TOTAL WORKLOAD (B+C)            | 23922        |
| E. MET WORKLOAD PER CAPITA (B/A)   | 51.43        |
| F. UNMET WORKLOAD PER CAPITA (C/A) | 4.21         |
| G. WORKLOAD PER CAPITA (D/A)       | 55.12        |

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

Maximum capacity for CTVs: 22988

Explanation: CTV workload does not reflect 3% no show rate



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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 434          |
| B. FY1993 MET WORKLOAD (CTVs)      | 21487        |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 1603         |
| D. TOTAL WORKLOAD (B+C)            | 23090        |
| E. MET WORKLOAD PER CAPITA (B+A)   | 49.51        |
| F. UNMET WORKLOAD PER CAPITA (C+A) | 3.70         |
| G. WORKLOAD PER CAPITA (D+A)       | 53.20        |

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

Maximum capacity for CTVs: 21561

Explanation: CTV workload does not reflect 3% no show rate

940214  
M4063  
R

R

BAAC 29  
NOC  
ATHENS

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                          | 402     | 396     | 400     | 398     | 398     | 398     | 398     | 398     |
| A: TOTAL MET CTVs                   | 12258   | 12088   | 11916   | 11916   | 11916   | 11916   | 11916   | 11916   |
| B: TOTAL UNMET CTVs                 | 1485    | 1463    | 1478    | 1470    | 1470    | 1470    | 1470    | 1470    |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 13744   | 13551   | 13444   | 13444   | 13444   | 13444   | 13444   | 13444   |
| DENTISTS (MIL AND CIV)              | 01      | 01      | 01      | 01      | 01      | 01      | 01      | 01      |
| 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: 22988

Explanation: CTV work load does not reflect 3% no show rate.



BDC ATHENS

|      |      |      |        |      |       |
|------|------|------|--------|------|-------|
| FY93 | 9972 | 944  | AUG 93 | 9972 | 116 * |
|      | 9973 | 2317 |        | 9973 | 272 * |
|      |      | 3261 |        |      | 388   |

*U.S. R.*

*\* TOTAL WORKLOAD (LTV'S)  
BASED ON DUIS DATA*

|       |      |          |
|-------|------|----------|
| YR    | 3261 | 8.404639 |
| MONTH | 388  |          |

---

|                    |      |        |       |       |
|--------------------|------|--------|-------|-------|
| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
| 9972               | 92   | 0      | 7     | 99    |
| 9973               | 194  | 5      | 37    | 236   |
| TOTALS             | 286  | 5      | 44    | 335   |

|           |   |          |
|-----------|---|----------|
| AD VISITS | x | RATIO    |
| 335       |   | 8.404639 |
|           |   | 2815.554 |

---

|                    |    |            |
|--------------------|----|------------|
| DEP OF ACTIVE DUTY | X  | RATIO      |
| 9972               | 4  |            |
| 9973               | 11 |            |
| TOTAL              | 15 | 8.404639   |
|                    |    | 126.069587 |

---

|         |    |            |
|---------|----|------------|
| RETIRED | X  | RATIO      |
| 9972    | 9  |            |
| 9973    | 22 |            |
| TOTAL   | 31 | 8.404639   |
|         |    | 260.543814 |

---

|             |    |            |
|-------------|----|------------|
| OTHER       |    |            |
| SEPT TOTALS | X  | RATIO      |
| 9972        | 7  | 8.404639   |
| 9973        | 37 |            |
| TOTAL       | 44 | 8.404639   |
|             |    | 369.804123 |

---

|            |   |            |
|------------|---|------------|
| DEP OF RET | X | RATIO      |
| 9972       | 3 |            |
| 9973       | 2 |            |
| TOTAL      | 5 | 8.404639   |
|            |   | 42.0231958 |

---

RAPS ACTIVE DUTY DATA

| FY 94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY00 | FY01 |
|-------|------|------|------|------|------|------|------|
| 402   | 396  | 400  | 398  | 398  | 398  | 398  | 398  |
| FY 93 | 434  |      |      |      |      |      |      |

| FY 93   | PROCEDURE | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET      | CTV'S |
|---------|-----------|--------------|-------|----------|------|------------|-------|
| CLASS 1 |           | 82           |       |          |      |            |       |
| CLASS 2 | 156       | 0.549295     | 434   | 238.3943 | 4.55 | 1084.69436 |       |
| CLASS 3 | 27        | 0.095070     | 434   | 41.26056 | 9.22 | 380.422394 |       |
| CLASS 4 | 19        | 0.066901     | 434   | 29.03521 | 4.77 | 138.497957 |       |
| TOTAL   |           | 284          |       |          |      | 1603.61471 |       |

| FY 94 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV |
|-------|--------------|-------|----------|------|----------|-----|
|       | 0.549295     | 402   | 220.8169 | 4.55 | 1004.716 |     |
|       | 0.095070     | 402   | 38.21830 | 9.22 | 352.3728 |     |
|       | 0.066901     | 402   | 26.89436 | 4.77 | 128.2861 |     |

TOTAL 1485.375

| FY 95 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|-------|--------------|-------|----------|------|----------|-------|
|       | 0.549295     | 396   | 217.5211 | 4.55 | 989.7211 |       |
|       | 0.095070     | 396   | 37.64788 | 9.22 | 347.1135 |       |
|       | 0.066901     | 396   | 26.49295 | 4.77 | 126.3714 |       |

TOTAL 1463.206

| FY 96 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|-------|--------------|-------|----------|------|----------|-------|
|       | 0.549295     | 400   | 219.7183 | 4.55 | 999.7183 |       |
|       | 0.095070     | 400   | 38.02816 | 9.22 | 350.6197 |       |
|       | 0.066901     | 400   | 26.76056 | 4.77 | 127.6478 |       |

TOTAL 1477.985

| FY 97 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|-------|--------------|-------|----------|------|----------|-------|
|       | 0.549295     | 398   | 218.6197 | 4.55 | 994.7197 |       |
|       | 0.095070     | 398   | 37.83802 | 9.22 | 348.8666 |       |
|       | 0.066901     | 398   | 26.62676 | 4.77 | 127.0096 |       |

TOTAL 1470.595

\*FY 98/01 SAME

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT                         | 10 JANUARY 1994  | UIC                         | 68444            |
|--|--|-----------------------------|------------------|
| FACILITY                               | BRANCH DENTAL CLINIC, NAVAL SUPPLY CORP SCHOOL<br>ATHENS, GEORGIA 30606-5000 |                             |                  |
| <b>PART I - DENTAL FACILITY SPACES</b> |  |                             |                  |
| SPACE DESCRIPTION                      | QUANTITY   | APPROX. SIZE                | REMARKS          |
| 1. CLINIC UNIT                         | 1  | 2,432 SQ FT<br>76' X 32'    |                  |
| 2. DENTAL TREATMENT ROOM               | 3  | 10' X 13'                   |                  |
| 3. STERILIZATION ROOM                  | 1<br>1   | 10' X 13'<br>7' X 4'        | INADAQUATE SPACE |
| 4. X-RAY EXPOSURE ROOM                 | 1  | 13' X 13'                   |                  |
| 5. DARKROOM                            | 1  | 6' X 13'                    |                  |
| 6. PROSTHETIC LAB                      | 1  | 7' X 13'                    |                  |
| 7. STOREROOM/<br>SUPPLY ROOM           | 3  | 1- 10' X 6'<br>2- 10' X 13' |                  |
| 8. CONFERENCE ROOM                     | 0  |                             |                  |
| 9. ADMINISTRATIVE OFFICE               | 0  |                             |                  |
| 10. DENTAL OFFICER'S OFFICE            | 1  | 8' X 13'                    |                  |

| 11. DENTAL REPAIR SHOP                        | 0                      |                        |                           |
|---|------------------------|------------------------|---------------------------|
| 12. PATIENT WAITING AREA                      | 1                      | 16' X 21'              |                           |
| 13. RECORDS CONTROL OFFICE                    | 1                      |                        | PART OF WAITING ROOM      |
| 14. LOCKER ROOM (MALE)                        | 2                      | 10' X 16'<br>5' X 13'  | WITH HEAD AND SHOWER      |
| 15. LOCKER ROOM (FEMALE)                      | 2                      | 10' X 9'<br>5' X 13'   | WITH HEAD AND SHOWER      |
| 16. TOILET FACILITY (MALE)                    | 2                      | 5' X 7'<br>5' X 4'     |                           |
| 17. TOILET FACILITY (FEMALE)                  | 1                      | 5' X 5'                |                           |
| 18. OTHER MAJOR ROOMS                         | 1<br>1                 | 11' X 20'<br>14' X 12' | MECHANICAL ROOM<br>LOUNGE |
| <b>PART II - DENTAL EQUIPMENT</b>             |                        |                        |                           |
| <b>SECTION A - DENTAL OPERATING EQUIPMENT</b> |                        |                        |                           |
| ITEM DESCRIPTION                              | MANUFACTURER AND MODEL | QUANTITY               | CONDITION CODE            |
| 1. DENTAL OPERATING UNIT                      | ADEC 2070              | 3                      | A-5                       |
| 2. DENTAL OPERATING CHAIR                     | ADEC 1005              | 3                      | A-5                       |

| 3. DENTAL OPERATING LIGHT                   | ADEC 6300                | 3        | A-5            |
|---|--------------------------|----------|----------------|
| 4. CENTRAL VACUUM SYSTEM                    | DENTSPLY MVS 4.0         | 1        | A-5            |
| 5. AIR COMPRESSOR DEHYDRATOR                | QUINCY 108               | 1        | A-5            |
| 6. STERILIZER                               | PELTON CRANE MAGNA CLAVE | 1        | A-5            |
| 7. LIFE SUPPORT EQUIPMENT                   |                          | 0        |                |
| 8. OTHER MAJOR EQUIPMENT                    |                          | 0        |                |
| <b>SECTION B - PROSTHETIC LAB EQUIPMENT</b> |                          |          |                |
| ITEM DESCRIPTION                            | MANUFACTURER AND MODEL   | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE                |                          | 0        |                |
| 2. VACUUM PORCELAIN FURNACE                 |                          | 0        |                |
| 3. BURNOUT OVEN                             |                          | 0        |                |
| 4. OTHER PROSTHETIC EQUIPMENT               |                          | 0        |                |

NAVMED 6750/4 (Rev. 5/91)



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 |
|-------------------|---------|---------|---------|
|-------------------|---------|---------|---------|

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.

(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 |                   |                       |               |                |          |

(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<br>Classes | Program Type (s)        |                              |                 |                   |          |
|-------------|-----------------|-------------------------|------------------------------|-----------------|-------------------|----------|
|             |                 | Adult<br>High<br>School | Vocational<br>/<br>Technical | Undergraduate   |                   | Graduate |
|             |                 |                         |                              | Courses<br>only | Degree<br>Program |          |
|             | Day             |                         |                              |                 |                   |          |
|             | Night           |                         |                              |                 |                   |          |
|             | Day             |                         |                              |                 |                   |          |
|             | Night           |                         |                              |                 |                   |          |
|             | Day             |                         |                              |                 |                   |          |
|             | Night           |                         |                              |                 |                   |          |
|             | Day             |                         |                              |                 |                   |          |
|             | Night           |                         |                              |                 |                   |          |



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) |
|----------|-------------|---------------|------------|
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |

(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.

(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)        |             |

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)        |                      |            |                                |

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       |                 |                    |

(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<br>Classrm/Auditorium | PN              |     |
|                           |                 |     |

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

| City | Distance (Miles) |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |

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).

| 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?

b. For on-base MWR facilities<sup>2</sup> 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            |       |                      |

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

(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  |              |               |          |
| <b>TOTAL</b>   |              | 100           |          |

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

(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  |              |               |          |
| <b>TOTAL</b>   |              | 100           |          |

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

(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?

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

| Pay Grade   | Number of Bedrooms | Number on List <sup>1</sup> | 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+                 |                             |              |

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<sup>1</sup>As of 31 March 1994.

13. Quality of Life.

THIS INFORMATION PROVIDED BY THE HOST ACTIVITY, NSCS, ATHENS, GA, UIC 46742, UNDER 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?

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<br>(IF APPLICABLE) | NUMBER OF STAFF<br>ASSIGNED |
|-----------|--------------------------------|-----------------------------|
| N/A       |                                |                             |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |
|           |                                |                             |

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

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

N/A

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 receive dental care at Ft. Gordon, GA, at a distance of 40 miles, or at NAS Atlanta, at a distance of 60 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?

- Active duty members would receive dental care at Ft. Gordon, GA, at a distance of 40 miles, or at NAS Atlanta, at a distance of 60 miles, greatly impacting on readiness and time away from classes.

## LOCATION

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

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

Clinic is centrally located on base within minutes of NSCS student classrooms, essential to prevent lost classroom time.

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

Air: Ben Epps Airport - 4.5 miles.

Sea: None

Rail: Gainesville, GA - 39 miles.

Ground: I-85 - 15 miles.

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

N/A

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

5-15 minutes walk.

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

- No.

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

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

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

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

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

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

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

- Facility adequate for needs of customers supported.

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard<sup>2</sup>. 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 <sup>1</sup> | SQUARE FEET | AGE (IN YEARS) | CONDITION CODE <sup>2</sup> |
|---------------------|--------------------------------|-------------|----------------|-----------------------------|
|                     | BDC Athens, GA                 | 4,913       | 17             |                             |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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?



|                                  |  |  |  |
|----------------------------------|--|--|--|
| 5. Customs (6M)                  |  |  |  |
| Base Personnel -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |
| 6. Burglary (6N)                 |  |  |  |
| Base Personnel -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |
| 7. Larceny - Ordnance (6R)       |  |  |  |
| Base Personnel -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |
| 8. Larceny - Government<br>(6S)  |  |  |  |
| Base Personnel -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |

| Crime Definitions                | FY 1991 | FY 1992 | FY 1993 |
|----------------------------------|---------|---------|---------|
| 9. Larceny - Personal (6T)       |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 10. Wrongful Destruction<br>(6U) |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 11. Larceny - Vehicle (6V)       |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 12. Bomb Threat (7B)             |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>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 -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 19. Perjury (7P)                 |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 20. Robbery (7R)                 |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |
| 21. Traffic Accident (7T)        |         |         |         |
| Base Personnel -<br>military     |         |         |         |
| Base Personnel -<br>civilian     |         |         |         |
| Off Base Personnel -<br>military |         |         |         |
| Off Base Personnel -<br>civilian |         |         |         |

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

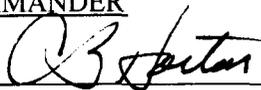
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

C. B. HORTON \_\_\_\_\_

 \_\_\_\_\_

NAME (Please type or print)

Signature

COMMANDING OFFICER \_\_\_\_\_

 \_\_\_\_\_

Title

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

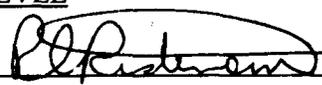
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
\_\_\_\_\_  
Signature

ACTING CHIEF BUMED  
Title

16 JUN 1994,

\_\_\_\_\_  
Date

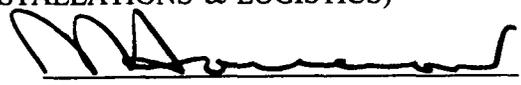
BUREAU OF MEDICINE AND SURGERY  
Activity

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

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

R. R. SAREERAM

\_\_\_\_\_  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

ACTING  
\_\_\_\_\_  
Title

30 JUN 1994

\_\_\_\_\_  
Date

# Document Separator

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

|                                   |  |
|-----------------------------------|--|
| Official name                     | <i>Branch Dental Clinic, Anti Submarine Warfare Training Center, San Diego</i> |
| Acronym(s) used in correspondence | <i>BDCASW San Diego</i>  |
| Commonly accepted short title(s)  | <i>BDCASW San Diego</i>  |

- Complete Mailing Address

Director, Branch Dental Clinic  
 Anti Submarine Warfare Training Center  
 32389 Echo Lane  
 San Diego, CA 92147-5196

- PLAD

NAVDENCEN SAN DIEGO

- PRIMARY UIC: 35731 <sup>NA</sup> ~~66022~~ (\*) (Plant Account UIC for Plant Account Holders)

(\*) For Class-III Plant Account only.

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

- ALL OTHER UIC(s): 35731 PURPOSE: For DIRS reporting

2. **PLANT ACCOUNT HOLDER:**

- Yes \_\_\_\_\_ No X (check one)

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

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

(UIC - ~~66022~~) 35731  
CSA

• 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: 09961
- Primary Host (as of 01 Oct 1995) UIC: 09961
- Primary Host (as of 01 Oct 2001) UIC: 09961

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

• Yes \_\_\_\_\_ No   X   (check one)

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

| Name           | Location | UIC |
|----------------|----------|-----|
| Not applicable |          |     |

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

| Name           | UIC | Location | Host name | Host UIC |
|----------------|-----|----------|-----------|----------|
| Not applicable |     |          |           |          |

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

Not applicable.

(UIC - ~~66022~~) 35731<sup>65A</sup>

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

#### Current Missions

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

#### Projected Missions for FY 2001

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

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

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

#### Current Unique Missions

- Not applicable.

(UIC - ~~66022~~) 35731  
USA

Projected Unique Missions for FY 2001

- Not applicable

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

- Operational name UIC  
Commanding Officer, Naval Dental Center, San Diego 66022
- Funding Source UIC  
Not applicable

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

On Board Count as of 01 January 1994

|                     | Officers                 | Enlisted   | Civilian (Appropriated) |
|---------------------|--------------------------|------------|-------------------------|
| • Reporting Command | <u>3 O<sub>USA</sub></u> | <u>0 A</u> | <u>0</u>                |
| • Contracted        | <u>N/A</u>               | <u>N/A</u> | <u>0</u>                |
| • Tenants (total)   | <u>N/A</u>               | <u>N/A</u> | <u>N/A</u>              |

Authorized Positions as of 30 September 1994

|                     | Officers                 | Enlisted                  | Civilian (Appropriated) |
|---------------------|--------------------------|---------------------------|-------------------------|
| • Reporting Command | <u>1 O<sub>USA</sub></u> | <u>10 O<sub>USA</sub></u> | <u>0</u>                |
| • Contracted        | <u>N/A</u>               | <u>N/A</u>                | <u>0</u>                |
| • Tenants (total)   | <u>N/A</u>               | <u>N/A</u>                | <u>N/A</u>              |

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

(UIC - ~~66072~~) 35731  
 63A

| <u>Title/Name</u>                                       | <u>Office</u>                | <u>Fax</u>                   | <u>Home</u> |
|---|------------------------------|------------------------------|-------------|
| • CO/OIC  |                              |                              |             |
| R.E. GERHARDT<br>LCDR, DC, USN<br>Branch Director       | 619-524-4487<br>DSN-524-4487 | 619-524-4486<br>DSN-524-4486 | N/A         |
| T.C. SPLITGERBER<br>CAPT, DC, USN<br>Commanding Officer | 619-556-8200<br>DSN-526-8200 | 619-556-8559<br>DSN-526-8559 | N/A         |
| • DANILO L. YU<br>LCDR MSC USN<br>BRAC Coordinator      | 619-556-8217<br>DSN-526-8217 | 619-556-8221<br>DSN-526-8221 | N/A         |

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

- Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
| Not applicable      |     |         |          |          |

- Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
| Not applicable      |     |         |          |          |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---------------------|-----|----------|---------|----------|----------|
| Not applicable      |     |          |         |          |          |

(UIC - ~~60022~~ 3573 /  
694

- Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Office<br>r | Enliste<br>d | Civilia<br>n |
|---------------------|-----|----------|-------------|--------------|--------------|
| Not applicable      |     |          |             |              |              |

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

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

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

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

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

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

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

(UIC - ~~00020~~) 3573 /  
CSA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR R. E. GERHARDT, DC, USN  
NAME (Please type or print)

R. E. Gerhardt  
Signature

DIRECTOR  
Title

27 Jan 94  
Date

BRANCH DENTAL CLINIC, ANTI SUBMARINE WARFARE TRAINING CENTER  
Activity

(UIC - ~~6622~~ 35371  
65A

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

NEXT ECHELON LEVEL (if applicable)

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

COMMANDING OFFICER  
Title

NAVAL DENTAL CENTER, SAN DIEGO  
Activity

  
Signature

2 Feb 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(UIC - ~~66022~~) 35731  
GIA

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC  
NAME (Please type or print)  
SURGEON GENERAL/CHIEF BUMED  
Title  
BUREAU OF MEDICINE & SURGERY  
Activity

*Donald 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)

\_\_\_\_\_  
NAME (Please type or print)  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

BRAC-95 CERTIFICATION

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

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

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

\_\_\_\_\_  
Division  
\_\_\_\_\_  
Department  
\_\_\_\_\_  
Activity

---

# Document Separator

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

• Name

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Official name                     | BRANCH DENTAL CLINIC, ATLANTA, GA |
| Acronym(s) used in correspondence | BRDENCLINIC ATLANTA               |
| Commonly accepted short title(s)  | BDC ATLANTA                       |

• Complete Mailing Address

|                     |                            |
|---------------------|----------------------------|
| Commanding Officer  | Branch Dental Clinic       |
| Naval Dental Center | Naval Air Station, Atlanta |
| P.O. Box 74         | 1000 Halsey Avenue         |
| Jacksonville, FL    | Atlanta, GA 30060-5099     |
| 32212-0074          |                            |

• PLAD

• PRIMARY UIC: 41783 (Plant Account UIC for Plant Account Holders)

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

• ALL OTHER UIC(s): \_\_\_\_\_ PURPOSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. PLANT ACCOUNT HOLDER:

• Yes \_\_\_\_\_ No X (check one)

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

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

• Yes \_\_\_\_\_ No  X  (check one)

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

• Yes  X  No \_\_\_\_\_ (check one)

- Primary Host (current) UIC:  00196
- Primary Host (as of 01 Oct 1995) UIC:  00196
- Primary Host (as of 01 Oct 2001) UIC:  00196

• 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  |          |     |

41783

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

| Name | UIC | Location | Host name | Host UIC |
|------|-----|----------|-----------|----------|
| N/A  |     |          |           |          |

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

NONE

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

Current Missions

- Provide dental support to personnel stationed at NAS Key West, Air Squadrons, support and visiting personnel.

- Supports adjacent medical clinics in times of medical disasters

- 

- 

- 

- 

Projected Missions for FY 2001

- Same as above

- 

- 

- 

-

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

Current Unique Missions

- No unique missions

•

•

Projected Unique Missions for FY 2001

- None

•

•

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

- Naval Dental Center, Jacksonville, FL UIC 68444

\_\_\_\_\_

\_\_\_\_\_

- Funding Source UIC

\_\_\_\_\_

\_\_\_\_\_

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

On Board Count as of 01 January 1994

|                     | Officers          | Enlisted          | C i v i l i a n   |
|---------------------|-------------------|-------------------|-------------------|
| (Appropriated)      |                   |                   |                   |
| • Reporting Command | <u>2</u>          | <u>4</u>          | <u>2</u>          |
| • Tenants (total)   | <u>          </u> | <u>          </u> | <u>          </u> |

Authorized Positions as of 30 September 1994

|                     | Officers          | Enlisted          | C i v i l i a n   |
|---------------------|-------------------|-------------------|-------------------|
| (Appropriated)      |                   |                   |                   |
| • Reporting Command | <u>2</u>          | <u>4</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> |
|---------------------------------------|--|------------|-------------|
| • CO, CAPT Charles B. Horton, DC, USN | (904) 772-2863, (904) 722-4125, (904) 573-573-0243 |            |             |
| • Duty Officer                        | (904) 772-3441, (904) 772-4125 [ N/A ]             |            |             |
| •                                     |  |            |             |
| •                                     |  |            |             |

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

- Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
| N/A                 |     |         |          |          |

- Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---------------------|-----|---------|----------|----------|
|                     |     |         |          |          |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---------------------|-----|----------|---------|----------|----------|
|                     |     |          |         |          |          |

- Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---------------------|-----|----------|---------|----------|----------|
|                     |     |          |         |          |          |

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

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

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

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

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

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

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

---

# Document Separator

415

DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL CLINIC, ATLANTA, GEORGIA  
ACTIVITY UIC: 41783

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

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

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**MISSION REQUIREMENTS**

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

**MISSION REQUIREMENTS**

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.  
ACTUAL WORKLOAD MUCH HIGHER, DUE TO RAPS DATA INACCURACY (ACTUAL POPULATION IN EXCESS OF 1500 VICE APPROX. 700).

| CTVs  | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 10200  | 10200  | 10200  | 10200  | 10200  | 10220  | 10200  | 10200  | 10200  |
| UNMET | 2867   | 2688   | 2625   | 2351   | 2569   | 2569   | 2569   | 2569   | 2569   |
| TOTAL | 13067  | 12888  | 12825  | 12521  | 12769  | 12769  | 12769  | 12769  | 12769  |

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

Please show all calculations and assumptions in the space below: See attached sheet.

**MISSION REQUIREMENTS**

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.  
 ACTUAL WORKLOAD MUCH HIGHER, DUE TO RAPS DATA INACCURACY (ACTUAL POPULATION IN EXCESS OF 1500 VICE APPROX. 700).

| CTVs  | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NET   | 49295  | 49295  | 49295  | 49295  | 49295  | 49295  | 49295  | 49295  | 49295  |
| UNMET | 2867   | 2688   | 2625   | 2321   | 2569   | 2569   | 2569   | 2569   | 2569   |
| TOTAL | 52162  | 51983  | 51920  | 51615  | 51864  | 51864  | 51864  | 51864  | 51864  |

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

Please show all calculations and assumptions in the space below: See attached sheet.

*7000  
 WAGS  
 [Signature]*

*[Large handwritten circle]*

*Base 28  
 NDC ATLANTA*

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.  
ACTUAL WORKLOAD MUCH HIGHER, DUE TO RAPS DATA INACCURACY (ACTUAL POPULATION IN EXCESS OF 1500 VICE APPROX. 700).

| CTVs  | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 10200  | 10200  | 10200  | 10200  | 10200  | 10200  | 10200  | 10200  |
| UNMET | 2688   | 2625   | 2321   | 2569   | 2569   | 2569   | 2569   | 2569   |
| TOTAL | 12888  | 12825  | 12521  | 12769  | 12769  | 12769  | 12769  | 12769  |

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

Please show all calculations and assumptions in the space below: See attached sheet.

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs  | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 49295  | 49295  | 49295  | 49295  | 49295  | 49295  | 49295  | 49295  |
| UNMET | 2688   | 2625   | 2321   | 2569   | 2569   | 2569   | 2569   | 2569   |
| TOTAL | 51983  | 51983  | 51983  | 51983  | 51983  | 51983  | 51983  | 51983  |

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

Please show all calculations and assumptions in the space below. See attached sheet.

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NDC ATTACHMENT

BDC ATLANTA

|      |      |      |        |      |       |
|------|------|------|--------|------|-------|
| FY93 | 9972 | 6097 | SEP 93 | 9972 | 698 * |
|      | 9973 | 2949 |        | 9973 | 224 * |
|      |      | 9046 |        |      | 922   |

10% UNFILED (No  
RATE (1/25)

\* TOTAL WORKLOAD (CVS)  
BASED ON DUES DATA

YR 9046 9.811279  
MONTH 922

---

| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
|--------------------|------|--------|-------|-------|
| 9972               | 355  | 154    | 174   | 683   |
| 9973               | 108  | 83     | 29    | 220   |
| TOTALS             | 463  | 237    | 203   | 903   |

|           |   |          |          |
|-----------|---|----------|----------|
| AD VISITS | x | RATIO    |          |
| 903       |   | 9.811279 | 8859.585 |

---

|                    |   |          |            |
|--------------------|---|----------|------------|
| DEP OF ACTIVE DUTY | X | RATIO    |            |
| 9972               | 1 |          |            |
| 9973               | 2 |          |            |
| TOTAL              | 3 | 9.811279 | 29.4338394 |

---

|         |   |          |            |
|---------|---|----------|------------|
| RETIRED | X | RATIO    |            |
| 9972    | 1 |          |            |
| 9973    | 2 |          |            |
| TOTAL   | 3 | 9.811279 | 29.4338394 |

OTHER

|             |     |          |            |
|-------------|-----|----------|------------|
| SEPT TOTALS | X   | RATIO    |            |
| 9972        | 174 | 9.811279 |            |
| 9973        | 29  |          |            |
| TOTAL       | 203 | 9.811279 | 1991.68980 |

---

|            |    |       |  |
|------------|----|-------|--|
| DEP OF RET | X  | RATIO |  |
| 9972       | 8  |       |  |
| 9973       | 25 |       |  |



\*FY 98/01 SAME

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

| PROVIDER TYPE                          | FY<br>1993 | FY<br>1994 | FY<br>1995 | FY<br>1996 | FY<br>1997 | FY<br>1998 | FY<br>1999 | FY<br>2000 | FY<br>2001 |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| DENTISTS (MIL AND CIV)                 | 02         | 02         | 02         | 02         | 02         | 02         | 02         | 02         | 02         |
| PROPHY<br>TECHNICIANS (MIL<br>AND CIV) | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          |
| DENTAL HYGIENISTS<br>(MIL AND CIV)     | 01         | 01         | 01         | 01         | 01         | 01         | 01         | 01         | 01         |

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. HORTON



NAME (Please type or print)

Signature

COMMANDING OFFICER

31 May 99

Title

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

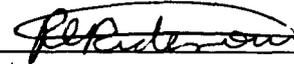
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

X   
Signature

16 JUN 1994

ACTING CHIEF BUMED  
Title

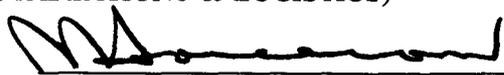
\_\_\_\_\_  
Date

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

# Document Separator

415

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL CLINIC, ATLANTA, GA  
ACTIVITY UIC: 41783

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

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

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## MISSION REQUIREMENTS

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

- To provide dental care for all active duty personnel, including Navy, Marine Corps, Air Force, Public Health Service, Army, and Georgia Air Guard. The Clinic also provides dental support to Reserve personnel, open 3 drill weekends per month.

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

| UNIT NAME           | UIC   | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---------------------|-------|---------------|---------------------------------|
| NAS ATLANTA         | 00196 | ATLANTA, GA   | 195                             |
| MAG-42              | 03004 | NAS ATLANTA   | 194                             |
| AIMD                | 44486 | NAS ATLANTA   | 163                             |
| VA0-205             | 09342 | NAS ATLANTA   | 130                             |
| VR-46               | 08980 | NAS ATLANTA   | 87                              |
| BRMEDCLINIC         | 39171 | NAS ATLANTA   | 31                              |
| 4TH FSSG            | 42269 | MARIETTA, GA  | UNK                             |
| PSD                 | 43351 | NAS ATLANTA   | 20                              |
| 6TH MC DISTRICT     | 83001 | ATLANTA, GA   | UNK                             |
| MEPS                | 66868 | ATLANTA, GA   | UNK                             |
| NAVY REC. DIST      | 62442 | SMYRNA, GA    | 08                              |
| NAV.RES.RED. CENTER | 61915 | ATLANTA, GA   | UNK                             |
|                     |       |               |                                 |

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

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 723**        |
| B. FY1993 MET WORKLOAD (CTVs)      | 10200        |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 2867         |
| D. TOTAL WORKLOAD (B+C)            | 13067        |
| E. MET WORKLOAD PER CAPITA (B+A)   | 14.10        |
| F. UNMET WORKLOAD PER CAPITA (C+A) | 3.97         |
| G. WORKLOAD PER CAPITA (D+A)       | 18.07        |

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

Maximum capacity for CTVs: 11200 \_\_\_\_\_

Explanation: CTV workload does not reflect 10% no show rate.

\*\*NOTE: Actual active duty population exceeds 1500. Using RAPS data severely underrepresents our workload.

*REM*

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 723          |
| B. FY1993 MET WORKLOAD (CTVs)      | 49295        |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 2867         |
| D. TOTAL WORKLOAD (B+C)            | 52162        |
| E. MET WORKLOAD PER CAPITA (B+A)   | 68.18        |
| F. UNMET WORKLOAD PER CAPITA (C+A) | 3.97         |
| G. WORKLOAD PER CAPITA (D+A)       | 72.15        |

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

Maximum capacity for CTVs: 54224

Explanation: CTV workload does not reflect 10% no show rate

R

MAC 29  
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4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| POPULATION **                       | 672     | 662     | 657     | 648     | 648     | 648     | 648     | 648     |
| A: TOTAL MET CTVs                   | 10200   | 10200   | 10200   | 10200   | 10200   | 10200   | 10200   | 10200   |
| B: TOTAL UNMET CTVs                 | 2867    | 2688    | 2526    | 2251    | 2569    | 2569    | 2569    | 2569    |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 13067   | 12888   | 12726   | 12451   | 12769   | 12769   | 12769   | 12769   |
| DENTISTS (MIL AND CIV)              | 02      | 0       | 02      | 02      | 02      | 02      | 02      | 02      |
| PROPHY TECHNICIANS (MIL AND CIV)    |         | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| DENTAL HYGIENISTS (MIL AND CIV)     | 05      | 05      | 05      | 05      | 05      | 05      | 05      | 05      |

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

Maximum capacity for CTVs: 11200

Explanation: CTV workload does not reflect 10% no show rate.

\*\*NOTE: Actual active duty population exceeds 1500. Using RAPS data severely under-represents our workload.

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY '999 | FY 2000 | FY 2001    |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|------------|
| POPULATION                          | 679     | 662     | 657     | 648     | 648     | 648     | 648     | 648        |
| A: TOTAL MET CTVs                   | 49295   | 49295   | 49295   | 49295   | 49295   | 49295   | 49295   | 20496<br>7 |
| B: TOTAL UNMET CTVs                 | 2688    | 2625    | 2321    | 2569    | 2569    | 2569    | 2569    | 2569       |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 51983   | 51920   | 51616   | 51864   | 51864   | 51864   | 51864   | 51864      |
| DENTISTS (MIL AND CIV)              | C2      | 02      | 02      | 02      | 02      | 02      | 02      | 02         |
| PROPHY TECHNICIANS (MIL AND CIV)    | C       | 0       | 0       | 0       | 0       | 0       | 0       | 0          |
| DENTAL HYGIENISTS (MIL AND CIV)     | 01      | 01      | 01      | 01      | 01      | 01      | 01      | 01         |

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

Maximum capacity for CTVs: 54224

Explanation: Maximum CTV's don't reflect 10% no show rate.

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NDC ATLANTA

BDC ATLANTA

|      |      |      |        |      |       |
|------|------|------|--------|------|-------|
| FY93 | 9972 | 6097 | SEP 93 | 9972 | 698 * |
|      | 9973 | 2949 |        | 9973 | 224 * |
|      |      | 9046 |        |      | 922   |

|       |      |          |
|-------|------|----------|
| YR    | 9046 | 9.811279 |
| MONTH | 922  |          |

UNFILLED (LATE 10%  
(100) Hours)

\* TOTAL WORKLOAD  
(CN'S) BASED ON  
PIRS DATA

---

| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
|--------------------|------|--------|-------|-------|
| 9972               | 355  | 154    | 174   | 683   |
| 9973               | 108  | 83     | 29    | 220   |
| TOTALS             | 463  | 237    | 203   | 903   |

|           |   |          |
|-----------|---|----------|
| AD VISITS | x | RATIO    |
| 903       |   | 9.811279 |
|           |   | 8859.585 |

---

|                    |   |       |
|--------------------|---|-------|
| DEP OF ACTIVE DUTY | X | RATIO |
|--------------------|---|-------|

|       |   |          |            |
|-------|---|----------|------------|
| 9972  | 1 |          |            |
| 9973  | 2 |          |            |
| TOTAL | 3 | 9.811279 | 29.4338394 |

---

|         |   |            |
|---------|---|------------|
| RETIRED | X | RATIO      |
| 9972    | 1 |            |
| 9973    | 2 |            |
| TOTAL   | 3 | 9.811279   |
|         |   | 29.4338394 |

OTHER

|             |     |            |
|-------------|-----|------------|
| SEPT TOTALS | X   | RATIO      |
| 9972        | 174 | 9.811279   |
| 9973        | 29  |            |
| TOTAL       | 203 | 9.811279   |
|             |     | 1991.68980 |

---

|            |    |       |
|------------|----|-------|
| DEP OF RET | X  | RATIO |
| 9972       | 8  |       |
| 9973       | 25 |       |

TOTAL 33 9.811279 323.772234

RAPS ACTIVE DUTY DATA

|       |      |      |      |      |      |      |      |
|-------|------|------|------|------|------|------|------|
| FY 94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY00 | FY01 |
| 678   | 662  | 657  | 648  | 648  | 648  | 648  | 648  |
| FY 93 | 723  |      |      |      |      |      |      |

|         |           |              |       |          |      |            |       |
|---------|-----------|--------------|-------|----------|------|------------|-------|
| FY 93   | PROCEDURE | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET      | CTV'S |
| CLASS 1 |           | 248          |       |          |      |            |       |
| CLASS 2 | 759       | 0.631447     | 723   | 456.5366 | 4.55 | 2077.24155 |       |
| CLASS 3 | 86        | 0.071547     | 723   | 51.72878 | 9.22 | 476.939401 |       |
| CLASS 4 | 109       | 0.090682     | 723   | 65.56322 | 4.77 | 312.736597 |       |
| TOTAL   | 1202      |              |       |          |      | 2866.91755 |       |

|       |              |       |          |      |          |     |
|-------|--------------|-------|----------|------|----------|-----|
| FY 94 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV |
|       | 0.631447     | 678   | 428.1214 | 4.55 | 1947.952 |     |
|       | 0.071547     | 678   | 48.50915 | 9.22 | 447.2543 |     |
|       | 0.090682     | 678   | 61.48252 | 4.77 | 293.2716 |     |

TOTAL 2688.478

|       |              |       |          |      |          |       |
|-------|--------------|-------|----------|------|----------|-------|
| FY 95 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|       | 0.631447     | 662   | 418.0183 | 4.55 | 1901.983 |       |
|       | 0.071547     | 662   | 47.36439 | 9.22 | 436.6997 |       |
|       | 0.090682     | 662   | 60.03161 | 4.77 | 286.3507 |       |

TOTAL 2625.033

|       |              |       |          |      |          |       |
|-------|--------------|-------|----------|------|----------|-------|
| FY 96 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|       | 0.631447     | 657   | 414.8610 | 4.55 | 1887.617 |       |
|       | 0.071547     | 657   | 47.00665 | 9.22 | 433.4013 |       |
|       | 0.090682     | 657   | 59.57820 | 4.77 | 284.1880 |       |

TOTAL 2321.019

|       |              |       |          |      |          |       |
|-------|--------------|-------|----------|------|----------|-------|
| FY 97 | PERCENT RAPS | TOTAL | WTD      | CTVS | UNMET    | CTV'S |
|       | 0.631447     | 648   | 409.1780 | 4.55 | 1861.760 |       |
|       | 0.071547     | 648   | 46.36272 | 9.22 | 427.4643 |       |
|       | 0.090682     | 648   | 58.76206 | 4.77 | 280.2950 |       |

TOTAL 2569.519

\*FY 98/01 SAME



**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard<sup>2</sup>. 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 <sup>1</sup> | SQUARE FEET | AGE (IN YEARS) | CONDITION CODE <sup>2</sup> |
|---------------------|--------------------------------|-------------|----------------|-----------------------------|
|                     | BDC ATLANTA                    | 24,000      | 20             |                             |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

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

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

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

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT                         | 1 JANUARY 1994  | UIC                      | 68444       |
|--|---|--------------------------|-------------|
| FACILITY                               | Branch Dental Clinic, Bldg. # 550,<br>NAS, Atlanta, Marietta, GA 30060-5099 |                          |             |
| <b>PART I - DENTAL FACILITY SPACES</b> |   |                          |             |
| SPACE DESCRIPTION                      | QUANTITY  | APPROX. SIZE             | REMARKS     |
| 1. CLINIC UNIT                         | 1   | 3,720 SQ FT<br>60' X 62' | Bldg. # 550 |
| 2. DENTAL TREATMENT ROOM               | 6   | 11' X 11'                |             |
| 3. STERILIZATION ROOM                  | 1   | 18' X 22'                |             |
| 4. X-RAY EXPOSURE ROOM                 | 1   | 11' X 15'                |             |
| 5. DARKROOM                            | 1   | 6' X 8'                  |             |
| 6. PROSTHETIC LAB                      | 1   | 6' X 11'                 |             |
| 7. STOREROOM/<br>SUPPLY ROOM           | 2   | 10' X 11'<br>6' X 8'     |             |
| 8. CONFERENCE ROOM                     | 0   |                          |             |
| 9. ADMINISTRATIVE OFFICE               | 1   | 11' X 11'                |             |
| 10. DENTAL OFFICER'S OFFICE            | 2   | 11' X 14'<br>7' X 11'    |             |

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|                              |        |                    |  |
|------------------------------|--------|--------------------|--|
| 11. DENTAL REPAIR SHOP       | 0      |                    |  |
| 12. PATIENT WAITING AREA     | 0      |                    | MEDICAL SHARE WAITING ROOM WITH DENTAL |
| 13. RECORDS CONTROL OFFICE   | 1      | 12' X 16'          |  |
| 14. LOCKER ROOM (MALE)       | 1<br>1 | 6' X 6'<br>6' X 7' |  |
| 15. LOCKER ROOM (FEMALE)     | 1      | 8' X 10'           |  |
| 16. TOILET FACILITY (MALE)   | 3      | 5' X 5'            |  |
| 17. TOILET FACILITY (FEMALE) | 1      | 5' X 7'            |  |
| 18. OTHER MAJOR ROOMS        | 1      | 8' X 11'           | STAFF LOUNGE                           |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION          | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---------------------------|------------------------|----------|----------------|
| 1. DENTAL OPERATING UNIT  | ADEC 2006              | 1        | A-5            |
|                           | ADEC 2070              | 2        | A-4            |
|                           | ADEC 2080              | 2        | A-4            |
| 2. DENTAL OPERATING CHAIR | ADEC PRIORITY/1005     | 4        | A-4            |
|                           | ADEC/1005              | 1        | A-5            |
|                           | RITTER HL (X-RAY)      | 1        | A-5            |

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|                              |  |             |                   |
|------------------------------|--|-------------|-------------------|
| 3. DENTAL OPERATING LIGHT    | PELTON CRANE LF II<br>ADEC 6300<br>ADEC 6300 | 2<br>2<br>2 | A-5<br>A-5<br>A-5 |
| 4. CENTRAL VACJUM SYSTEM     | DENTAL EZ MC 202<br>US GENERAL CORP/HVC 400  | 1<br>1      | A-5<br>A-5        |
| 5. AIR COMPRESSOR DEHYDRATOR | AIR POWER PROD 5021JB-JJ                     | 1           | A-5               |
| 6. STERILIZER                | PELTON CRANE MAGNA CLAVE                     | 1           | A-5               |
| 7. LIFE SUPPORT EQUIPMENT    |  | 0           |                   |
| 8. OTHER MAJOR EQUIPMENT     |  |             |                   |

**SECTION D - PROSTHETIC LAB EQUIPMENT**

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

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

| PROJECT | DESCRIPTION                       | FUND YEAR | VALUE |
|---------|-----------------------------------|-----------|-------|
|         | CSR/DENTAL OPERATING ROOM UPGRADE | 1991      | 13K   |
|         |                                   |           |       |
|         |                                   |           |       |

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

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

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

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

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

- Facility condition is excellent. Upgrades to dental spaces, including new CSR and dental operating spaces were completed in 1991.

## 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?

Branch Dental Clinic is centrally located on NAS Atlanta.

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

Air: Airstrip on base, 5 minutes away by car.  
Atlanta International - 30 minutes.

Rail: 30 minutes

Sea: N/A

Ground: I-75 - 10 minutes.

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

Excellent location - Dobbins AFB and NAS Atlanta in close proximity for mobilization.

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

15 - 30 minutes.

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

- Located 10 minutes from center of metropolitan area. Highly skilled people are available in the local area.

## 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?

- Reserve personnel would be greatly impacted, including mobilization of active duty and reserve personnel. Approximately 20,000 reserves drill at Dobbins AFB/NAS Atlanta. The training of reserve pilots would be adversely impacted, as well as the dental support to the MEPS station and many area recruiters. Dental care would be obtained at Ft. Gordon, GA, approximately 20 miles.

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 be required to travel to the nearest dental facility, Ft. Gordon, at a distance of 120 miles.

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<br>(IF APPLICABLE) | NUMBER OF STAFF<br>ASSIGNED |
|--------------------------------|--------------------------------|-----------------------------|
| FLEET HOSPITAL 8               |                                | 01                          |
| 1ST MARINE BRIGADE,<br>KANEHOE |                                | 02                          |
|                                |                                |                             |
|                                |                                |                             |
|                                |                                |                             |
|                                |                                |                             |
|                                |                                |                             |

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

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

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

13. Quality of Life.

THIS INFORMATION PROVIDED BY HOST ACTIVITY, NAS ATLANTA, GA, UIC 00196,  
UNDER DATA CALL # 38.

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

| Pay Grade   | Number of Bedrooms | Number on List <sup>1</sup> | 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+                 |                             |              |

---

<sup>1</sup>As of 31 March 1994.

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

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

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

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

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

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

(2) BEQ:

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

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

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

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

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

(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<br>(children in school,<br>financial, etc.) |              |               |          |
| Spouse Employment<br>(non-military)                            |              |               |          |
| Other  |              |               |          |
| <b>TOTAL</b>   |              | 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  |              |               |          |
| <b>TOTAL</b>   |              | 100           |          |

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

b. For on-base MWR facilities<sup>2</sup> 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            |       |                      |

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

| City | Distance (Miles) |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

| Location | % Employees | Distance (mi) | Time (min) |
|----------|-------------|---------------|------------|
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |
|          |             |               |            |



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

| Institution | Type<br>Classes | Program Type(s)         |                              |                 |                   |          |
|-------------|-----------------|-------------------------|------------------------------|-----------------|-------------------|----------|
|             |                 | Adult<br>High<br>School | Vocational<br>/<br>Technical | Undergraduate   |                   | Graduate |
|             |                 |                         |                              | Courses<br>only | Degree<br>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 -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |
| 6. Burglary (6N)                 |  |  |  |
| Base Personnel -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |
| 7. Larceny - Ordnance (6R)       |  |  |  |
| Base Personnel -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |
| 8. Larceny - Government<br>(6S)  |  |  |  |
| Base Personnel -<br>military     |  |  |  |
| Base Personnel -<br>civilian     |  |  |  |
| Off Base Personnel -<br>military |  |  |  |
| Off Base Personnel -<br>civilian |  |  |  |

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

C. B. HORTON

*C. B. Horton*

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title

Date

31 May 99

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

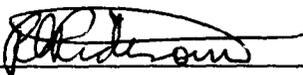
\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print)

  
\_\_\_\_\_  
Signature

11.6 JUN 1994

ACTING CHIEF BUMED

Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE AND SURGERY

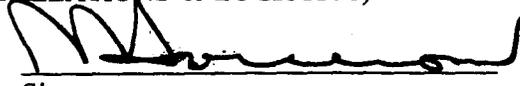
Activity

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

30 JUN 1994

ACTING

Title

\_\_\_\_\_  
Date

# Document Separator

413

DATA CALL 66  
INSTALLATION RESOURCES

Activity Information:

Activity Name: NAVAL DENTAL CLINIC, ATLANTA, GA.

UIC: 41783

Host Activity Name (if  
response is for a tenant  
activity): NAVAL AIR STATION, MARIETTA, GA.

Host Activity UIC: 00196

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

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

**Activity Name:** NAVAL DENTAL CLINIC, ATLANTA, GA. **UIC:** 41783

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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> |
|----------------------|-----------------------|
|----------------------|-----------------------|

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**

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

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

**Table 2 - Services/Supplies Cost Data**

**Activity Name:** NAVAL DENTAL CLINIC, ATLANTA, GA

**UIC:** 41783  
FY 1996  
Projected Costs  
(\$000)

| Cost Category                                     |     |
|---|-----|
| Travel:   | 3   |
| Material and Supplies (including equipment):      | 19  |
| Industrial Fund Purchases (other DBOF purchases): | n/a |
| Transportation:                                   | n/a |

**DATA CALL 66  
INSTALLATION RESOURCES**

**Other Purchases (Contract support, etc.):** 38

**Total:** 62

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

**Table 3 - Contract Workyears**

**Activity Name:** NAVAL DENTAL CLINIC, ATLANTA, GA.

**UIC:** 41783

| <b>Contract Type</b>    | <b>FY 1996 Estimated<br/>Number of<br/>Workyears On-Base</b> |
|-------------------------|--|
| Construction:           | n/a  |
| Facilities Support:     | n/a  |
| Mission Support:        | 1  |
| Procurement:            | n/a  |
| Other:*                 | n/a  |
| <b>Total Workyears:</b> | <b>1</b>   |

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

MISSION SUPPORT: 1 Personal Services Contract ( 1 Hygienist)

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

1

2) Estimated number of workyears which would be eliminated:

0 VR BUINED 824 7/29/94

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

0 VR BUINED 824 7/29/94

**DATA CALL 66  
INSTALLATION RESOURCES**

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

No. of Additional  
Contract Workyears  
Which Would Be  
Eliminated

General Type of Work Performed on Contract (e.g.,  
engineering support, technical services, etc.)

.07 Laundry Services

No. of Additional  
Contract Workyears  
Which Would Be  
Relocated

General Type of Work Performed on Contract (e.g.,  
engineering support, technical services, etc.)

n/a

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
18 July 1994  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

[Signature]  
Signature  
7-18-94  
Date

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

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN  
NAME (Please type or print)  
ACTING CHIEF BUMED  
Title  
BUREAU OF MEDICINE AND SURGERY  
Activity

[Signature]  
Signature AUG 4 1994  
Date

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

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

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

[Signature]  
Signature  
19 AUG 1994  
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

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

  
Signature

Commanding Officer  
Title

13 July 1994  
Date

Naval Dental Center Jacksonville, FL  
Activity

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



BRAC-95 CERTIFICATION

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

Connie A. Robbs  
NAME (Please type or print)

Budget Analyst  
Title

Finance  
Division

Budget  
Department

Naval Dental Center, Jacksonville, Fl.  
Activity

Connie A. Robbs  
Signature

13 Jul 1994  
Date