

UIC 42604  
 BDC BALLSTON SPA

**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 Ballston Spa, NY |
| Acronym(s) used in correspondence | BDC Ballston Spa, NY                  |
| Commonly accepted short title(s)  |                                       |

• Complete Mailing Address: Branch Dental Clinic  
 61 Rowland St  
 Ballston Spa, NY 12020

• PLAD: BRDENCLINIC BALLSTON SPA NY

• PRIMARY UIC: 42604 (Plant Account UIC for Plant Account Holders)

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

• ALL OTHER UIC(s): N/A PURPOSE: \_\_\_\_\_

2. **PLANT ACCOUNT HOLDER:**

• Yes \_\_\_\_\_ No X (check one)

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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: 43135
- Primary Host (as of 01 Oct 1995) UIC: Same as above
- Primary Host (as of 01 Oct 2001) UIC: Same as above

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

• Yes \_\_\_\_\_ No   x   (check one)

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

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

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

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

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative. -Not to date.

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

Current Missions

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

Projected Missions for FY 2001

-No changes anticipated.

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

Current Unique Missions

-Provide dental care to students attending nuclear training school at NPTU.

Projected Unique Missions for FY 2001

-No changes projected.

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

|  |              |
|--|--------------|
| • Operational name                     | UIC          |
| <u>Naval Dental Center Newport, RI</u> | <u>66023</u> |
| • Funding Source                       | UIC          |
| <u>Same as above</u>                   | _____        |

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

On Board Count as of 01 January 1994

|                              | Officers | Enlisted | C i v i l i a n       |
|------------------------------|----------|----------|-----------------------|
| (Appropriated)               |          |          |                       |
| • Reporting Command Contract | <u>1</u> | <u>5</u> | <u>0</u><br><u>0*</u> |
| • Tenants (total)            | <u>1</u> | <u>5</u> | <u>0</u>              |

Authorized Positions as of 30 September 1994

|                              | Officers | Enlisted | C i v i l i a n       |
|------------------------------|----------|----------|-----------------------|
| (Appropriated)               |          |          |                       |
| • Reporting Command Contract | <u>2</u> | <u>5</u> | <u>0</u><br><u>0*</u> |
| • Tenants (total)            | <u>2</u> | <u>5</u> | <u>0</u>              |

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

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

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

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

- Tenants residing on main complex (shore commands)

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

- Tenants residing on main complex (homeported units.)

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

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

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

- Tenants (Other than those identified previously)

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

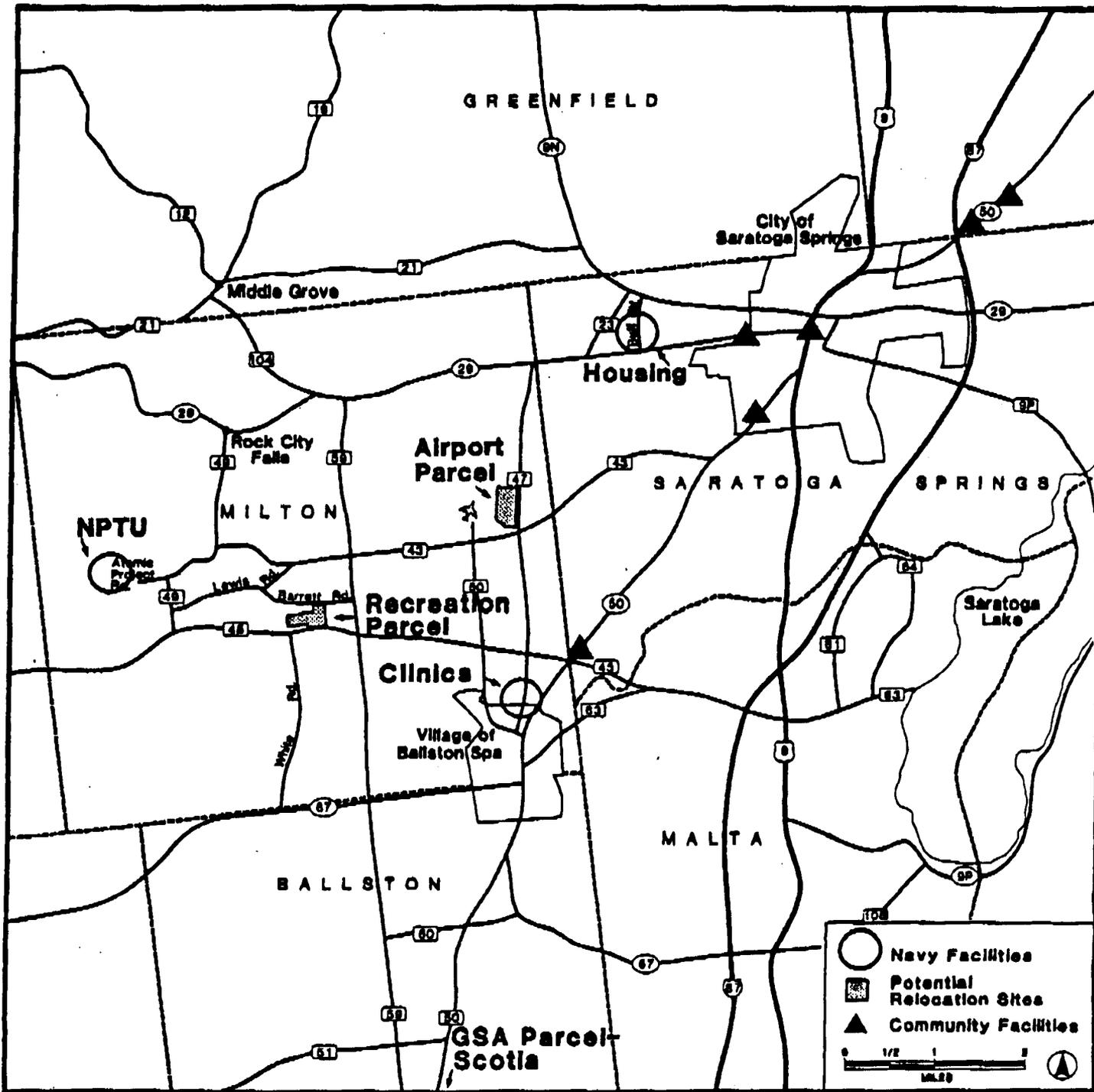
13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships.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

| Activity name                              | Location        | Support function (include mechanism such as ISSA, MOU, etc.) |
|--|-----------------|--|
| NAVAL RESERVE RECRUITING COMMAND, AREA SIX | Scotia, NY      | Dental Support   |
| NAVY RECRUITING, AREA ONE                  | Scotia, NY      | "  |
| NAVAL AND MARINE CORPS RESERVE CENTER      | Albany, NY      | "  |
| READINESS COMMAND AREA TWO                 | Scotia, NY      | "  |
| PSD SCOTIA                                 | Scotia, NY      | "  |
| NAVAL ADMIN UNIT                           | Scotia, NY      | "  |
| OFFICE OF DOE REACTORS                     | West Milton, NY | "  |
| DEPT OF ENERGY NAVAL REACTORS              | Schenectady, NY | " CONTINUED  |

REGIONAL SUPPORT CONTINUED:

| Activity name                                | Location        | Support function<br>(include mechanism such as<br>ISSA, MOU, etc.) |
|--|-----------------|--|
| NAVAL RESERVE OFFICER<br>TRAINING CORPS UNIT | Troy, NY        | Dental Support   |
| NAVY RECRUITING<br>PROCESSING STATION        | Albany, NY      | "  |
| NAVAL RESERVE CENTER<br>GLENS FALLS          | Glens Falls, NY | "  |
| NAVAL RESERVE CENTER<br>PITTSFIELD           | Pittsfield, MA  | "  |
| NAVAL AND MARINE CORPS<br>RESERVE CENTER     | Albany, NY      | "  |
| NAVY RESALE ACTIVITY                         | Scotia, NY      | "  |
| NEW YORK ARMY NATIONAL<br>GUARD              | Latham, NY      | "  |
| U.S. ARMY RECRUITING                         | Sohenectady, NY | "  |
| NEW YORK AIR NATIONAL<br>GUARD               | Scotia, NY      | "  |
| HQ 1STBN 210 ARMOR                           | Albany, NY      | "  |
| NEW YORK GUARD                               | Albany, NY      | "  |

14. FACILITY MAPS: ATTACHED



**Figure 3:  
Preferred Area**

**Consolidation Study**

Naval Administrative Unit  
Scotia, NY  
Naval Nuclear Power Training Unit  
Ballston Spa, NY

0 2 FEB 1994

**WFA** Wallace, Floyd, Associates Inc.  
Architects/Planners

Source: Saratoga  
County Highway Map

Northern Division  
Naval Facilities Engineering Command

UIC 42604  
BDC BALLSTON SPA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

R. L. Jucovics  
Signature

Commanding Officer  
Title

1 Feb 94  
Date

NAVAL DENTAL CENTER NEWPORT, RI  
Activity

UIC 42604  
BDC BALLSTON SPA

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print) Signature \_\_\_\_\_  
\_\_\_\_\_  
Title Date \_\_\_\_\_  
\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print) Signature \_\_\_\_\_  
\_\_\_\_\_  
Title Date \_\_\_\_\_  
\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour  
\_\_\_\_\_  
NAME (Please type or print) Signature R. I. Ridenour  
ACTING CHIEF BUMED Date 10 FEB 1994  
\_\_\_\_\_  
Title  
BUREAU OF MEDICINE & SURGERY  
\_\_\_\_\_  
Activity

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

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

J. B. GREENE, JR  
\_\_\_\_\_  
NAME (Please type or print) Signature J. B. Greene, Jr  
ACTING Date 16 FEB 1994  
\_\_\_\_\_  
Title

# Document Separator

2/16

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: Branch Dental Clinic BALLSTON SPA, NY  
ACTIVITY UIC: 42604**

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

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

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**MISSION REQUIREMENTS**

1. Workload
2. Staffing

**MISSION REQUIREMENTS**

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

| CTVs       | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET        | 18,928 | 16,862 | 16,538 | 16,646 | 16,646 | 16,646 | 16,646 | 16,646 | 16,646 |
| UNMET<br>* | 5,168  | 4,604  | 4,516  | 4,545  | 4,545  | 4,545  | 4,545  | 4,545  | 4,545  |
| TOTAL      | 24,096 | 21,467 | 21,054 | 21,192 | 21,192 | 21,192 | 21,192 | 21,192 | 21,192 |

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

Please show all calculations and assumptions in the space below:

- \*This dental clinic has UNMET CTV workload.
- \*FY93 population from September 1993 Dental Readiness Reports.
- \*FY94-2001 population is RAPS data.

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

| CTVs  | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| MET   | 25,294 | 24,808 | 24,970 | 24,970 | 24,970 | 24,970 | 24,970 | 24,970 |
| UNMET | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| TOTAL | 25,294 | 24,808 | 24,970 | 24,970 | 24,970 | 24,970 | 24,970 | 24,970 |

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

Please show all calculations and assumptions in the space below:

- Staffing increased to optimize dental treatment rooms.
- New met CTVs=(met CTVs/present staff)\*full staffing.
- New unmet CTVs=Total CTV-new met CTVs.

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

| PROVIDER TYPE                    | FY 1993 | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| DENTISTS (MIL AND CIV)           | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       |
| PROPHY TECHNICIANS (MIL AND CIV) | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 1       |
| DENTAL HYGIENISTS (MIL AND CIV)  | N/A     |

Onborad as of May 1994

BRAC-95 CERTIFICATION  
FOR  
BRANCH DENTAL CLINIC BALLSTON SPA, NY  
UIC: 42604

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

R.L. Jucovics  
Signature

Commanding Officer  
Title

24 May 94  
Date

Naval Dental Center Newport, RI  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

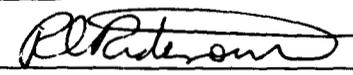
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

ACTING

28 JUN 1994

\_\_\_\_\_  
Date

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# Document Separator

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MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: Branch Dental Ballston Spa, NY  
ACTIVITY UIC: 42604

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

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

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8. Impact of Facilities' Condition

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10. Manpower and Recruiting Issues

### **Features and Capabilities**

11. Capabilities
12. Mobilization
13. Quality of Life

**\*ATTACHED: DENTAL EQUIPMENT AND FACILITIES REPORT  
(NAVMED 6750/4)**

## **MISSION REQUIREMENTS**

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

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

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

| UNIT NAME<br>*(BSPA)<br>BALLSTON SPA | UIC   | UNIT<br>LOCATION | UNIT SIZE<br>(NUMBER OF<br>PERSONNEL) * |
|--------------------------------------|-------|------------------|---|
| NPTU STAFF                           | 62986 | BSPA, NY         | 600                                     |
| NPTU STUDENTS                        | 30896 | BSPA, NY         | 509                                     |
| CRUIT SIX                            | 47768 | BSPA, NY         | 23                                      |
| PSD                                  | 43341 | BSPA, NY         | 21                                      |
| AREA ONE                             | 62911 | BSPA, NY         | 19                                      |
| REDCOM2                              | 68357 | BSPA, NY         | 18                                      |
| NPTU BOS                             | 43135 | BSPA, NY         | 15                                      |
| MEDICAL                              | 33164 | BSPA, NY         | 13                                      |
| WMFO                                 | 44627 | BSPA, NY         | 12                                      |
| NRPSALBANY                           | 62409 | BSPA, NY         | 11                                      |
| NRCGLF                               | 62268 | BSPA, NY         | 8                                       |
| NRCALB                               | 61861 | BSPA, NY         | 7                                       |
| DENTAL                               | 42604 | BSPA, NY         | 6                                       |
| DECA                                 | 49172 | BSPA, NY         | 5                                       |
| ADMIN UNIT                           | 68317 | BSPA, NY         | 5                                       |
| RENSLR                               | 63295 | BSPA, NY         | 3                                       |
| SNRO                                 | 64170 | BSPA, NY         | 3                                       |
| MEPC                                 | 66543 | BSPA, NY         | 1                                       |

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

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

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

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION *             | 1,402        |
| B. FY1993 MET WORKLOAD (CTVs)      | 18,928       |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 5,168        |
| D. TOTAL WORKLOAD (B+C)            | 24,096       |
| E. MET WORKLOAD PER CAPITA (B÷A)   | 13.5         |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 3.7          |
| G. WORKLOAD PER CAPITA (D÷A)       | 17.2         |

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

Maximum capacity for CTVs: 23,392, If staffing were to be increased to optimize clinic dental treatment room.

Explanation:

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

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

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| POPULATION                          | 1,249   | 1,225   | 1,233   | 1,233   | 1,233   | 1,233   | 1,233   | 1,233   |
| A: TOTAL MET CTVs                   | 16,862  | 16,538  | 16,646  | 16,646  | 16,646  | 16,646  | 16,646  | 16,646  |
| B: TOTAL UNMET CTVs                 | 4,604   | 4,516   | 4,545   | 4,545   | 4,545   | 4,545   | 4,545   | 4,545   |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 21,467  | 21,054  | 21,192  | 21,192  | 21,192  | 21,192  | 21,192  | 21,192  |
| DENTISTS (MIL AND CIV)              | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       |
| PROPHY TECHNICIANS (MIL AND CIV)    | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 1       |
| DENTAL HYGIENISTS (MIL AND CIV)     | N/A     |

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

Maximum capacity for CTVs: FY94 25,294, If staffing were to be increased to optimize clinic dental treatment room space.

Explanation:

\*Source for population is RAPS data.

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

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

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or 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> |
|---------------------|--------------------------------|-------------|----------------|-----------------------------|
| 54010               | BDC, Ballston Spa/Pt. care     | 2,000       | 13             | Adequate                    |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |

<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 of BRAC realignments or closures.

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

- No impact on the clinic's mission -

## LOCATION

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

-Clinic is located 5 miles away from patient population, requiring less driving time and time away from work.

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

-Clinic is located 5 miles away from patient population, requiring less driving time and time away from work.

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

-Air: Albany, NY, 30 miles.

-Rail: Albany, NY, 30 miles.

-Sea: New York, NY 3 hours.

-Ground: Local.

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

-Close to transportation nodes.

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

-10 minutes.

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

-Qualified civilian personnel are in the 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?

-Active duty would have to travel to New London, CT (4 hours) to receive military dental care. Such discontinuation of services would have an adverse affect on the dental health and readiness of the active duty population.

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

-Active duty would have to travel to New London, CT (4 hours) to receive military dental care. Such discontinuation of services would have an adverse affect on the dental health and readiness of the active duty population.

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

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

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

\*Assigned as of May 1994.

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

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

-Mission requirements would still be achieved.

13. Quality of Life.

Submission made by:

RLC: Nuclear Training Perlusion Unit, Ballston Spa, NY

UIC: 68317

BRAC Data Call: #31

DENTAL EQUIPMENT AND FACILITIES REPORT

| DATE OF REPORT                  | 23 December 1993                                   | UIC                                      | 42604                       |
|---------------------------------|--|--|-----------------------------|
| FACILITY                        | Branch Dental Clinic, Ballston Spa, New York 12020 |  |                             |
| PART I - DENTAL FACILITY SPACES |  |  |                             |
| SPACE DESCRIPTION               | QUANTITY   | APPROX. SIZE                             | REMARKS                     |
| 1. CLINIC UNIT                  | 1  |  |                             |
| 2. DENTAL TREATMENT ROOM        | 3  | 9' x 11"                                 |                             |
| 3. STERILIZATION ROOM           | 1  | 6' x 13"                                 |                             |
| 4. X-RAY EXPOSURE ROOM          | 1  | 9' x 10"                                 |                             |
| 5. DARKROOM                     | 1  | 5' x 5"                                  |                             |
| 6. PROSTHETIC LAB               | 1  | 8' x 8'                                  |                             |
| 7. STOREROOM/<br>SUPPLY ROOM    | 3  | 1. 8' x 8'<br>2. 15' x 7'<br>3. 13' x 3' |                             |
| 8. CONFERENCE ROOM              | 0  |  |                             |
| 9. ADMINISTRATIVE OFFICE        | 1  | 16' x 11'                                | serves also as staff lounge |
| 10. DENTAL OFFICER'S OFFICE     | 2  | 1. 9' x 16'<br>2. 8' x 15'               |                             |

|  |   |            |   |
|--|---|------------|---|
| 11. DENTAL REPAIR SHOP                             | 0 |            |   |
| 12. PATIENT WAITING AREA                           | 1 | 12' x 16'  | serves also as inservice training/ conference room.       |
| 13. RECORDS CONTROL OFFICE                         | 1 | 8' x 16'   |   |
| 14. LOCKER ROOM (MALE)                             | 1 | 8'9.5 x 6' |   |
| 15. LOCKER ROOM (FEMALE)                           | 1 | 10' x 10'  | refrigerators for storage of staff lunches                |
| 16. TOILET FACILITY (MALE)                         | 1 | 6' x 7'    | serving dual purpose of both male staff and visitors head |
| 17. TOILET FACILITY (FEMALE)                       | 1 | 9' x 5'    |   |
| 18. OTHER MAJOR ROOMS<br>Duty Room<br>Crews Lounge | 0 |            |   |

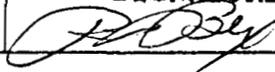
PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

| ITEM DESCRIPTION          | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---------------------------|------------------------|----------|----------------|
| 1. DENTAL OPERATING UNIT  | ADEC<br>DECADE         | 3        | A4             |
| 2. DENTAL OPERATING CHAIR | ADEC<br>F065124        | 3        | A4             |

| 3. DENTAL OPERATING LIGHT            | ADEC<br>6300   | 3        | A4             |
|--------------------------------------|--|----------|----------------|
| 4. CENTRAL VACUUM SYSTEM             | DEN-TAL-EZ<br>MC-202   | 1        | A4             |
| 5. AIR COMPRESSOR DEHYDRATOR         | AIR TECHNIQUES<br>KAT4-0100 CABN   | 1        | A4             |
| 6. STERILIZER (S & E)                | VALIDATOR PLUS<br>(PELTON & CRANE)   | 2        | A4             |
| 7. LIFE SUPPORT EQUIPMENT            | LSP BAG MASK RESUSCIATOR<br>(Veriflo corporation)<br>OXYGEN TANK (Oxequip) | 1 ea     | A4             |
| 8. OTHER MAJOR EQUIPMENT             |  | 0        |                |
| SECTION B - PROSTHETIC LAB EQUIPMENT |  |          |                |
| ITEM DESCRIPTION                     | MANUFACTURER AND MODEL   | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE         |  | 0        |                |
| 2. VACUUM PORCELAIN FURNACE          |  | 0        |                |
| 3. BURNOUT OVEN                      |  | 0        |                |
| 4. OTHER PROSTHETIC EQUIPMENT        | No items worth \$5000  | 0        |                |

| SECTION C - DENTAL X-RAY EQUIPMENT   |   |     |                                     |  |
|--|---|-----|-------------------------------------|--|
| ITEM DESCRIPTION   | MANUFACTURER AND MODEL                      | QTY | CONDITION CODE                      | RADIATION SURVEY   |
| 1. STATIONARY INTRA-ORAL   | GENDEX (GX-770)<br>771-1156671DP            | 1   | A4                                  | 10-27-93   |
| 2. MOBILE INTRA-ORAL   |   | 0   |                                     |  |
| 3. PANORAMIC   | MIDWEST                                     | 1   | A4                                  | 10-27-93   |
| 4. CEPHALOMETRIC   |   | 0   |                                     |  |
| 5. FILM PROCESSOR  | AIT2000 (PN 43110)                          | 1   | A4                                  |  |
| PART III - UTILITIES   |   |     |                                     |  |
| 1. ELECTRIC CURRENT:   |   |     | a. VOLTAGE:                         | b. CYCLE:  |
| 2. GAS:  | <input checked="" type="checkbox"/> NATURAL |     | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> BOTTLE <input type="checkbox"/> ACETYLENE |
| PART IV - REMARKS AND RECOMMENDATIONS  |   |     |                                     |  |
| <p>1) Ventilation hood or exhaust no longer required due to dust collector installment. Dust collector was monitored on 26 August 93 by the Industrial Hygiene Division of Naval Hospital Groton, and was found to be adequate.</p> <p>2) Received new intra-oral x-ray unit as of February 93, that will allow exposure of radiographs of maxillary arch with patient seated in upright position.</p> <p>3) Compressor pumps are located in boiler room owned by Benedict Memorial.</p> <p>4) All Dental Treatment Rooms are set up for dental treatment.</p> |   |     |                                     |  |

|                                  |   |  |
|----------------------------------|---|--|
|                                  |   |  |
| <b>DATE</b><br>23 December, 1993 | <b>TYPED NAME AND GRADE</b><br>R.T. Bex, CDR, DC, USN | <b>SIGNATURE</b><br> |

BRAC-95 CERTIFICATION  
**FOR**  
**BRANCH DENTAL CLINIC BALLSTON SPA, NY**  
**UIC: 42604**

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Commanding Officer  
Title

Naval Dental Center Newport, RI  
Activity

R. L. Jucovics  
Signature  
24 May 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
Signature

16 JUN 1994

ACTING CHIEF BUMED  
Title

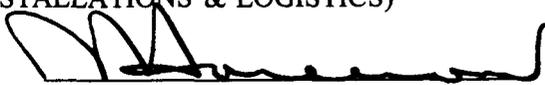
\_\_\_\_\_  
Date

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

30 JUN 1994

ACTING  
Title

\_\_\_\_\_  
Date

# Document Separator

**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

|  |  |
|--|--|
| Activity Name:   | BRANCH DENTAL CLINIC<br>BALLSTON SPA, NY |
| UIC:   | 42604                                    |
| Host Activity Name (if response is for a tenant activity): | N/A                                      |
| Host Activity UIC:   | N/A                                      |

**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>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b> |                                  |                   |              |
|---|----------------------------------|-------------------|--------------|
| <b>Activity Name: BRANCH DENTAL CENTER<br/>BALLSTON SPA, NY</b>           |                                  | <b>UIC: 42604</b> |              |
| <b>Category</b>   | <b>FY 1996 BOS Costs (\$000)</b> |                   |              |
|   | <b>Non-Labor</b>                 | <b>Labor</b>      | <b>Total</b> |
| <b>1. Real Property Maintenance Costs:</b>                                |                                  |                   |              |
| 1a. Maintenance and Repair  |                                  |                   |              |
| 1b. Minor Construction  |                                  |                   |              |
| <b>1c. Sub-total 1a. and 1b.</b>  | 0                                |                   | 0            |
| <b>2. Other Base Operating Support Costs:</b>                             |                                  |                   |              |
| 2a. Utilities   |                                  |                   |              |
| 2b. Transportation  |                                  |                   |              |
| 2c. Environmental   |                                  |                   |              |
| 2d. Facility Leases   |                                  |                   |              |
| 2e. Morale, Welfare & Recreation  |                                  |                   |              |
| 2f. Bachelor Quarters   |                                  |                   |              |
| 2g. Child Care Centers  |                                  |                   |              |
| 2h. Family Service Centers  |                                  |                   |              |
| 2i. Administration  | 4                                |                   | 4            |
| 2j. Other (Specify) Communications  | 6                                |                   | 6            |
| <b>2k. Sub-total 2a. through 2j:</b>                                      | 10                               |                   | 10           |
| <b>3. Grand Total (sum of 1c. and 2k.):</b>                               | 10                               |                   | 10           |

**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                  | 10                    |
| GRAND TOTAL 1A"3"    | 10                    |

**c. Table 1B - Base Operating Support Costs (DBOF Overhead).** This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 2l., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

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

**DATA CALL 66  
INSTALLATION RESOURCES**

| <b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b> |   |       |                   |
|--|---|-------|-------------------|
| <b>Activity Name:</b> BRANCH DENTAL CLINIC<br>BALLSTON SPA, NY |   |       | <b>UIC:</b> 42604 |
| 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>1c. Sub-total 1a. through 1d.</b>                           | N/A                                     |       | N/A               |
| <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>                           | N/A                                     |       | N/A               |
| <b>3. Depreciation</b>   | N/A                                     |       | N/A               |
| <b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>              | N/A                                     |       | N/A               |

**DATA CALL 66  
INSTALLATION RESOURCES**

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

| <b>Table 2 - Services/Supplies Cost Data</b>                           |                                       |
|--|---------------------------------------|
| <b>Activity Name:</b> BRANCH DENTAL CLINIC<br>BALLSTON SPA, NY         | <b>UIC:</b> 42604                     |
| Cost Category  | FY 1996<br>Projected Costs<br>(\$000) |
| <b>Travel:</b> E   | 5                                     |
| <b>Material and Supplies (including equipment):</b> T, W, Y            | 19                                    |
| <b>Industrial Fund Purchases (other DBOF purchases):</b>               |                                       |
| <b>Transportation:</b> E   |                                       |
| <b>Other Purchases (Contract support, etc.):</b><br>Q - Communications | 5                                     |
| <b>Total:</b>  | 29                                    |

**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> BRANCH DENTAL CLINIC<br>BALLSTON SPA, NY | <b>UIC:</b> 42604  |
| <b>Contract Type</b>   | <b>FY 1996 Estimated<br/>Number of<br/>Workyears On-Base</b> |
| Construction:  |  |
| Facilities Support:  |  |
| Mission Support:   |  |
| Procurement:   |  |
| Other:*  |  |
| <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.

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

0

2) Estimated number of workyears which would be eliminated:

None

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

None

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

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

  
Signature

COMMANDING OFFICER  
Title

19 JULY 1994  
Date

BRANCH DENTAL CLINIC  
BALLSTON SPA, NY  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

1-26-94  
\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

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

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

8/6/94  
\_\_\_\_\_  
Date

# Document Separator

4/17

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: Branch Dental Clinic, Naval Submarine Base, Bangor

ACTIVITY UIC: 45021

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

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

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### MISSION REQUIREMENTS

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**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   | 175846 | 181121 | 186554 | 192150 | 197915 | 197915 | 197195 | 197195 | 197195 |
| UNMET | 33410  | 43015  | 44305  | 45634  | 47003  | 47003  | 47003  | 47003  | 47003  |
| TOTAL | 209254 | 224136 | 230859 | 237784 | 244918 | 244918 | 244918 | 244918 | 244918 |

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:

Population growth and CTV's have consistently grown over the past three fiscal years at a three percent rate. Therefore the "MET" CTV's have been computed using a steady three percent growth from FY93 to FY97. I feel the "UNMET" CTV's are 25% greater than the FY1993 projection. The "UNMET" CTV's have also continued to climb. This is due to an increase in active duty population, some from BRAC and some from NON-BRAC issues. The physical plant has reached its capacity and unless additional dental treatment rooms are added dental care will reach it's maximum capacity in FY96 or FY97.

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   | 181121 | 186554 | 192150 | 197915 | 197915 | 197915 | 197915 | 197915 |
| UNMET | 43015  | 44305  | 45634  | 47003  | 47003  | 47003  | 47003  | 47003  |
| TOTAL | 224136 | 230859 | 237784 | 244918 | 244918 | 244918 | 244918 | 244918 |

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

Please show all calculations and assumptions in the space below:

RAPS population data includes dependents of active duty, retired, dependents of retired, survivors and others medical eligible. It is not consistent with Navy Dentistry. Since the Navy Dental Insurance (DELTA Dental) was instituted less and less dependents have been treated. Retired are only treated on a space available basis and then held to a maximum of ten percent of care at any facility. Growth of active duty and increased productivity is therefore consistent with the workload predictions in paragraph 1. under "Mission Requirements".

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)                 | 10         | 9          | 9          | 9          | 9          | 9          | 9          | 9          | 9          |
| PROPHY<br>TECHNICIANS (MIL<br>AND CIV) | 1          | 2          | 2          | 2          | 2          | 2          | 2          | 2          | 2          |
| DENTAL HYGIENISTS<br>(MIL AND CIV)     | 2          | 2          | 2          | 2          | 2          | 2          | 2          | 2          | 2          |

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

  
Signature

DIRECTOR  
Title

27 MAY 94  
Date

BRANCH DENTAL CLINIC, NSB, BANGOR  
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                     | <i>Branch Dental Clinic, Bangor, Silverdale, WA</i> |
| Acronym(s) used in correspondence | <i>BDC Bangor, BDC SUBASE Bangor</i>                |
| Commonly accepted short title(s)  | <i>NA</i>   |

- Complete Mailing Address

Brdenclinic Bangor  
 2050 Barb St. Ste. B  
 Silverdale, WA 98315-2098

- PLAD BRDENCL SUBASE BANGOR WA

- PRIMARY UIC: ~~68443~~ <sup>45021</sup> <sub>684</sub> (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): 45021 PURPOSE: Workload 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.

- Yes  No  (check one)

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

- Yes  No  (check one)
- Primary Host (current) UIC: 68436
- Primary Host (as of 01 Oct 1995) UIC: 68436
- Primary Host (as of 01 Oct 2001) UIC: 68436

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

- Yes  No  (check one)

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

| Name | Location | UIC |
|------|----------|-----|
| NA   | NA       | NA  |

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

| Name | UIC | Location | Host name | Host UIC |
|------|-----|----------|-----------|----------|
| NA   | NA  | NA       | NA        | NA       |

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

BRAC 93 - The following additional personnel will move to the area:

| <u>Command</u>   | <u>Officer</u> | <u>Enlisted</u> | <u>Transients</u> |
|--|----------------|-----------------|-------------------|
| USS Parche   | 18             | 167             |                   |
| COMSUBDEVGRU 1<br>Detachment Mare Island               | 2              | 23              |                   |
| COMSUBDEVGRU 1 Detachment Mare<br>Island Sea Component | 5              | 48              |                   |
| COMSUBDEVGRU 1<br>Detachment Sierra                    | 5              | 45              |                   |
| COMSUBCEVGRU 1 Detachment<br>Sierra Support Component  | 0              | 5               |                   |
| COMSUBDEVGRU 1 Detachment<br>Alameda                   | <u>2</u>       | <u>33</u>       |                   |
|  | 32             | 321             |                   |
| COMNAVBASE, SEA  | Total 50       |                 |                   |
| TPU, SEA   | 1              | 6               | 120-150           |
| Brig, SEA  | #'s unknown    |                 |                   |

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 operational and shore base units. 5535 active duty assigned to 58 different UIC's.

- 
- 
- 
- 

Projected Missions for FY 2001

- 
- 
- 
- 
- 

NA





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 |
|---------------------|-----|---------|----------|----------|
| NA                  | NA  | NA      | NA       | NA       |

- Tenants residing on main complex (homeported units.)

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

- 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 |
|---------------------|-----|----------|---------|----------|----------|
| NA                  | NA  | NA       | NA      | NA       | NA       |

- Tenants (Other than those identified previously)

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

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.) |
|---------------|----------|--|
| NA            | NA       | NA   |

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

Larry V. Kuhl CAPT, DC, USN

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

*Larry V. Kuhl*  
\_\_\_\_\_  
Signature  
27 January 1994

\_\_\_\_\_  
Title  
Naval Dental Center, Bremerton WA

\_\_\_\_\_  
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.

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

*D. Hagen*  
\_\_\_\_\_  
Signature

SURGEON GENERAL/CHIEF BUMED \_\_\_\_\_  
Title

*2-8-94*  
\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY \_\_\_\_\_  
Activity

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

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

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

*J. B. Greene, Jr*  
\_\_\_\_\_  
Signature

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

*16 FEB 1994*  
\_\_\_\_\_  
Date

# Document Separator

417

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: Branch Dental Clinic, Naval Submarine Base,  
Bangor, WA  
ACTIVITY UIC: 45021 \_\_\_\_\_

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 COMPREHENSIVE DENTAL SERVICES TO NAVY AND MARINE CORPS UNITS OF THE OPERATING FORCES, SHORE ACTIVITIES, AND OTHER AUTHORIZED PERSONNEL AT THE NAVAL SUBMARINE BASE, BANGOR AND THE NAVAL UNDERSEA WARFARE ENGINEERING STATION, KEYPORT, WA.

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) |
|--------------------------|-------|----------------|---------------------------------|
| SSBN'S BANGOR            |       | SUBASE BANGOR  | 2435                            |
| TRIREFFAC                | 68438 | SUBASE BANGOR  | 768                             |
| TRITRAFAC                | 68437 | SUBASE BANGOR  | 576                             |
| MARSECFORCO              | 53027 | SUBASE BANGOR  | 375                             |
| SUBASE BANGOR            | 68436 | SUBASE BANGOR  | 307                             |
| NUWC KEYPORT             | 48519 | NAVSTA KEYPORT | 276                             |
| COMSUBRON 9              | 53885 | SUBASE BANGOR  | 191                             |
| SWFPAC                   | 63402 | SUBASE BANGOR  | 139                             |
| NAVCOMTELSTA             | 68660 | SUBASE BANGOR  | 113                             |
| COMSUBRON 17             | 53886 | SUBASE BANGOR  | 89                              |
| CBU 418                  | 68571 | SUBASE BANGOR  | 45                              |
| BRMEDCLINIC              | 45237 | SUBASE BANGOR  | 46                              |
| PSAD BANGOR              | 43150 | SUBASE BANGOR  | 43                              |
| NAVWEPS STA              | 32013 | NAVSTA KEYPORT | 31                              |
| BRDENCLINIC              | 45021 | SUBASE BANGOR  | 29                              |
| 5 COMMANDS OF <25 PEOPLE |       | SUBASE BANGOR  | 30                              |

**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               | 5320         |
| B. FY1993 MET WORKLOAD (CTVs)      | 175846       |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 33410        |
| D. TOTAL WORKLOAD (B+C)            | 209256       |
| E. MET WORKLOAD PER CAPITA (B÷A)   | 33.1         |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 6.3          |
| G. WORKLOAD PER CAPITA (D÷A)       | 39.3         |

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

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

Explanation:

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

|                                     | FY 1994                  | FY 1995                  | FY 1996                  | FY 1997                  | FY 1998                  | FY 1999                  | FY 2000                  | FY 2001                  |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| POPULATION                          | <sup>8650</sup><br>16139 | <sup>8650</sup><br>15922 | <sup>8650</sup><br>15718 | <sup>8650</sup><br>15667 | <sup>8650</sup><br>15667 | <sup>8650</sup><br>15667 | <sup>8650</sup><br>15667 | <sup>8650</sup><br>15667 |
| A: TOTAL MET CTVs                   | 181121                   | 186554                   | 192150                   | 197915                   | 197915                   | 197915                   | 197915                   | 197915                   |
| B: TOTAL UNMET CTVs                 | 43015                    | 44305                    | 45634                    | 47003                    | 47003                    | 47003                    | 47003                    | 47003                    |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 224136                   | 230859                   | 237784                   | 244918                   | 244918                   | 244918                   | 244918                   | 244918                   |
| DENTISTS (MIL AND CIV)              | 9                        | 9                        | 9                        | 9                        | 9                        | 9                        | 9                        | 9                        |
| PROPHY TECHNICIANS (MIL AND CIV)    | 2                        | 2                        | 2                        | 2                        | 2                        | 2                        | 2                        | 2                        |
| DENTAL HYGIENISTS (MIL AND CIV)     | 2                        | 2                        | 2                        | 2                        | 2                        | 2                        | 2                        | 2                        |

940607  
MED63  
KRM

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

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

Explanation:

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

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

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard<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> |
|---------------------|--------------------------------|-------------|----------------|-----------------------------|
| 54010               | BLDG 2050/PATIENT CARE         | 13,200      | 17             | ADEQUATE                    |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |

<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**

|  |  |   |                   |
|--|--|---|-------------------|
| <b>DATE OF REPORT</b>                  | 02 Dec 93  | <b>UIC</b>                                      | 68443             |
| <b>FACILITY</b>                        | BRANCH DENTAL CLINIC, NAVAL SUBMARINE BASE, BANGOR<br>SILVERDALE, WA 98315-2098 BLDG. 2050 |   |                   |
| <b>PART I - DENTAL FACILITY SPACES</b> |  |   |                   |
| <b>SPACE DESCRIPTION</b>               | <b>QUANTITY</b>  | <b>APPROX. SIZE</b>                             | <b>REMARKS</b>    |
| 1. CLINIC UNIT                         | 01   | 120' X 110'<br><del>276' X 337'</del> <i>PM</i> | TOO SMALL         |
| 2. DENTAL TREATMENT ROOM               | 14   | 10' X 12'                                       | INADEQUATE NUMBER |
| 3. STERILIZATION ROOM                  | 01   | 5' X 12'  |                   |
|  | 01   | 12' X 18'                                       |                   |
| 4. X-RAY EXPOSURE ROOM                 | 01   | 12' X 13'                                       |                   |
| 5. DARKROOM                            | 01   | 6' X 12'  |                   |
| 6. PROSTHETIC LAB                      | 01   | 35' X 31'                                       |                   |
| 7. STOREROOM/<br>SUPPLY ROOM           | 01   | 8' X 12'  |                   |
|  | 01   | 12' X 12'                                       |                   |
| 8. CONFERENCE ROOM                     | 00   |   |                   |
| 9. ADMINISTRATIVE OFFICE               | 01   | 12' X 17'                                       |                   |
|  | 01   | 11' X 12'                                       |                   |
|  | 02   | 10' X 12'                                       |                   |
| 10. DENTAL OFFICER'S OFFICE            | 01   | 12' X 23'                                       |                   |

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**ENCLOSURE(4)**

|                              |   |           |                     |
|------------------------------|---|-----------|---------------------|
| 11. DENTAL REPAIR SHOP       | 00  |           |                     |
| 12. PATIENT WAITING AREA     | 01  | 18' X 21' |                     |
| 13. RECORDS CONTROL OFFICE   | 01  | 13' X 13' | TOO SMALL           |
| 14. LOCKER ROOM (MALE)       | 01  | 8' X 12'  | SHARED WITH MEDICAL |
|                              | 01  | 11' X 12' |                     |
| 15. LOCKER ROOM (FEMALE)     | 01  | 11' X 12' | SHARED WITH MEDICAL |
| 16. TOILET FACILITY (MALE)   | 01  | 7' X 12'  | SHARED WITH MEDICAL |
|                              | 01  | 9' X 12'  |                     |
|                              | 01  | 11' X 12' |                     |
| 17. TOILET FACILITY (FEMALE) | 01  | 7' X 12'  | SHARED WITH MEDICAL |
|                              | 01  | 9' X 12'  |                     |
| 18. OTHER MAJOR ROOMS        | SEE PART IV - REMARKS AND RECOMMENDATIONS |           |                     |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION          | MANUFACTURER AND MODEL                        | QUANTITY | CONDITION CODE |
|---------------------------|---|----------|----------------|
| 1. DENTAL OPERATING UNIT  | ADEC EXCELLENCE 2071                          | 07       | A-4            |
|                           |   | 07       | A-5            |
| 2. DENTAL OPERATING CHAIR | F&F KOENIGKRAMER (XRAY)<br>ADEC PRIORITY 1005 | 01       | A-5            |
|                           |   | 07       | A-4            |
|                           |   | 07       | A-5            |

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ENCLOSURE(4)

| 3. DENTAL OPERATING LIGHT                      | PELTON & CRANE (DUAL) HA                  | 01       | B-6            |
|--|---|----------|----------------|
|  | ADEC EXCELLENCE 6300                      | 06       | A-4            |
|  |   | 07       | A-5            |
| 4. CENTRAL VACUUM SYSTEM                       | DEN-TAL-EZ CD 207 (TURBINE)               | 02       | A-4            |
|  | MC-202 (PUMP)                             | 01       | A-4            |
| 5. AIR COMPRESSOR DEHYDRATOR                   | INGERSOLL-RAND 10T3-NL-E10                | 01       | A-5            |
| 6. STERILIZER                                  | COX 6000 (DRY HEAT)                       | 01       | A-4            |
|  | AMSCO E3011-1                             | 01       | A-5            |
|  | E3012-1 (WASHER/STERILIZER)               | 01       | A-4            |
| 7. LIFE SUPPORT EQUIPMENT                      | NONE                                      |          |                |
| 8. OTHER MAJOR EQUIPMENT<br>SURGICAL AIR DRILL | HALL SURGITOME II                         | 06       | A-4            |
| <b>SECTION B - PROSTHETIC LAB EQUIPMENT</b>    |   |          |                |
| ITEM DESCRIPTION                               | MANUFACTURER AND MODEL                    | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE                   | TICONIUM 3001-6                           | 01       | A-5            |
| 2. VACUUM PORCELAIN FURNACE                    | DENTSPLY MULTIMAT 99                      | 01       | A-4            |
|  | JELENKO AUTO LT II VPF                    | 01       | A-5            |
| 3. BURNOUT OVEN                                | JELENKO ACCU-THERM II 250                 | 01       | A-5            |
|  | 2000                                      | 01       | A-4            |
|  | II PD                                     | 01       | A-4            |
| 4. OTHER PROSTHETIC EQUIPMENT                  | SEE PART IV - REMARKS AND RECOMMENDATIONS |          |                |

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**SECTION C - DENTAL X-RAY EQUIPMENT**

| ITEM DESCRIPTION         | MANUFACTURER AND MODEL   | QTY | CONDITION CODE | RADIATION SURVEY |
|--------------------------|--------------------------|-----|----------------|------------------|
| 1. STATIONARY INTRA-ORAL | GENDEX GX-770 7/88       | 01  | A-4            | 8 FEB 93         |
|                          | GENDEX PANELIPSE II 6/87 | 01  | A-5            | 8 FEB 93         |
| 2. MOBILE INTRA-ORAL     | NONE                     |     |                |                  |
| 3. PANORAMIC             | GENDEX PANELIPSE II 6/87 | 01  | A-5            | 8 FEB 93         |
| 4. CEPHALOMETRIC         | NONE                     |     |                |                  |
| 5. FILM PROCESSOR        | AIR TECHNIQUES AT2000    | 02  | A-4            |                  |
|                          | RINN 53-0102 (MANUAL)    | 01  | A-6            |                  |

**PART III - UTILITIES**

|                         |                                     |         |                          |                     |                                     |
|-------------------------|-------------------------------------|---------|--------------------------|---------------------|-------------------------------------|
| 1. ELECTRIC CURRENT: AC | <input checked="" type="checkbox"/> | DC      | <input type="checkbox"/> | a. VOLTAGE: 115/120 | b. CYCLE: 60                        |
| 2. GAS:                 | <input type="checkbox"/>            | NATURAL | <input type="checkbox"/> | COMMERCIAL          | <input checked="" type="checkbox"/> |
|                         |                                     |         |                          | BOTTLE              | ACETYLENE                           |

**PART IV - REMARKS AND RECOMMENDATIONS**

|                             |                             |                     |                |
|-----------------------------|-----------------------------|---------------------|----------------|
| PART I, ITEM 18:            |                             |                     |                |
| SPACE DESCRIPTION           | QUANTITY                    | APPROX. SIZE        | REMARKS        |
| CENTRAL EVAC ROOM           | 01                          | 7' X 12'            |                |
| DUTY ROOM                   | 01                          | 8' X 12'            |                |
| SCRUB ROOM                  | 01                          | 7' X 12'            |                |
| LAUNDRY ROOM                | 01                          | 7' X 12'            |                |
| TOILET FACILITY (UNDESIG.)  | 01                          | 5' X 8'             |                |
| TOILET FACILITY (BR DIR)    | 01                          | 5' X 5'             |                |
| ELECTRICAL PANEL ROOM       | 01                          | 5' X 12'            |                |
| GEAR LOCKER (JANITOR CON.)  | 01                          | 4' X 5'             |                |
| PART II, SECTION B, ITEM 4: |                             |                     |                |
| ITEM DESCRIPTION            | MANUFACTURER/MODEL          | QUANTITY            | CONDITION CODE |
| CASTING MACHINE             | KERR CENTRIFIC              | 01                  | A-5            |
| ELECTRICAL STEAM GENERATOR  | HPD                         | 01                  | A-4            |
| INFA-RED SOLDERING UNIT     | NEY INFA-RED                | 01                  | A-4            |
| DATE                        | TYPED NAME AND GRADE        | SIGNATURE           |                |
| 02 DEC 93                   | J. F. DAVIES, CAPT, DC, USN | <i>J. F. Davies</i> |                |

ENCLOSURE(4)

**DENTAL EQUIPMENT AND FACILITIES REPORT**

|  |  |                     |                |
|--|--|---------------------|----------------|
| <b>DATE OF REPORT</b>                  | 02 Dec 93  | <b>UIC</b>          | 68443          |
| <b>FACILITY TRAILER</b>                | BRANCH DENTAL CLINIC, NAVAL SUBMARINE BASE, BANGOR<br>SILVERDALE, WA 98315-2098 BLDG. 2050 |                     |                |
| <b>PART I - DENTAL FACILITY SPACES</b> |  |                     |                |
| <b>SPACE DESCRIPTION</b>               | <b>QUANTITY</b>  | <b>APPROX. SIZE</b> | <b>REMARKS</b> |
| 1. CLINIC UNIT                         | 01   | 8' X 21'            |                |
| 2. DENTAL TREATMENT ROOM               | 01   | 8' X 8'             | SEE PART IV    |
| 3. STERILIZATION ROOM                  | 01   | 4 1/2' X 3 1/2'     | SEE PART IV    |
| 4. X-RAY EXPOSURE ROOM                 | 00   |                     |                |
| 5. DARKROOM                            | 00   |                     |                |
| 6. PROSTHETIC LAB                      | 00   |                     |                |
| 7. STOREROOM/<br>SUPPLY ROOM           | 00   |                     |                |
| 8. CONFERENCE ROOM                     | 00   |                     |                |
| 9. ADMINISTRATIVE OFFICE               | 00   |                     |                |
| 10. DENTAL OFFICER'S OFFICE            | 01   | 4' X 5'             | SEE PART IV    |

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**ENCLOSURE(5)**

|  |    |             |  |
|--|----|-------------|--|
| 11. DENTAL REPAIR SHOP                         | 00 |             |  |
| 12. PATIENT WAITING AREA                       | 00 |             |  |
| 13. RECORDS CONTROL OFFICE                     | 00 |             |  |
| 14. LOCKER ROOM (MALE)                         | 00 |             |  |
| 15. LOCKER ROOM (FEMALE)                       | 00 |             |  |
| 16. TOILET FACILITY (MALE) <u>UNDESIGNATED</u> | 01 | 3 1/2' X 3' |  |
| 17. TOILET FACILITY (FEMALE)                   | 00 |             |  |
| 18. OTHER MAJOR ROOMS                          | 00 |             |  |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION          | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---------------------------|------------------------|----------|----------------|
| 1. DENTAL OPERATING UNIT  | ADEC EXCELLENCE 2071   | 01       | A-4            |
| 2. DENTAL OPERATING CHAIR | ADEC PRIORITY 1005     | 01       | A-4            |

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**ENCLOSURE(3)**

|                              |                                 |    |     |
|------------------------------|---------------------------------|----|-----|
| 3. DENTAL OPERATING LIGHT    | ADEC EXCELLENCE (POST MOUNT)    | 01 | A-4 |
| 4. CENTRAL VACUUM SYSTEM     | STERI-DENT SV-3A                | 01 | A-4 |
| 5. AIR COMPRESSOR DEHYDRATOR | AIR TECHNIQUES L-62             | 01 | A-4 |
| 6. STERILIZER                | PELTON & CRANE VALIDATOR PLUS10 | 01 | A-4 |
| 7. LIFE SUPPORT EQUIPMENT    | NONE                            |    |     |
| 8. OTHER MAJOR EQUIPMENT     | NONE                            |    |     |

**SECTION B - PROSTHETIC LAB EQUIPMENT**

| ITEM DESCRIPTION              | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|-------------------------------|------------------------|----------|----------------|
| 1. AUTOMATIC CASTING MACHINE  | NONE                   |          |                |
| 2. VACUUM PORCELAIN FURNACE   | NONE                   |          |                |
| 3. BURNOUT OVEN               | NONE                   |          |                |
| 4. OTHER PROSTHETIC EQUIPMENT | NONE                   |          |                |

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FORM 8000 (5)

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    | NA          | NA        | NA    |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    | NA          | NA        | NA    |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    | NA          | NA        | NA    |
|         |             |           |       |
|         |             |           |       |

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

## LOCATION

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

GEOGRAPHIC LOCATION IS EXCELLENT.

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

BRANCH DENTAL CLINIC BANGOR IS CENTRALLY LOCATED IN RELATION TO THEIR PATIENTS. ACCESS IS EXCELLENT AND ON BASE PARKING ALLOWS FOR MAXIMUM AVAILABILITY.

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

AIR: NEAREST LARGE COMMERCIAL AIRPORT WITH GOVERNMENT PASSENGER AND FREIGHT CAPABILITIES IS SEATTLE-TACOMA AIRPORT WHICH IS 70 MILES FROM BANGOR.

RAIL: AMTRAK AND BURLINGTON NORTHERN RAILROAD SERVICE IS AVAILABLE IN PUYALLUP, WA., 55 MILES FROM BANGOR.

SEA: SHIPPING AND PASSENGER ACCOMODATIONS ABOARD COMMERCIAL VESSELS IS AVAILABLE IN SEATTLE, WA., WHICH IS 85 MILES FROM BANGOR. ONE AND ONE HALF HOUR RIDE BY CAR OR PASSENGER FERRY FROM BREMERTON.

GROUND TRANSPORTATION: COMMUTER GROUND TRANSPORTATION IS AVAILABLE ON BASE WHICH LINKS WITH COMMERCIAL BUS SERVICE OUT OF TACOMA, WA.

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

NO IMPORTANCE.

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

95%, LESS THAN 20 MINUTES. AVERAGE TRAVELING TIME IS 10 MINUTES.

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

NONE

## **FEATURES AND CAPABILITIES**

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

BRANCH DENTAL CLINIC BANGOR IS THE ONLY DENTAL TREATMENT FACILITY IN THIS IMMEDIATE AREA. BRANCH DENTAL CLINIC (BRDENCLINIC), BREMERTON IS THE ONLY OTHER TREATMENT WITHIN A FORTY MILE RADIUS. THERE IS NOT ENOUGH DENTAL CARE CAPABILITY AT BRDENCLINIC BREMERTON TO CARE FOR THE 5000 ACTIVE DUTY PERSONNEL ATTACHED TO NSB BANGOR AND ITS TENANT ACTIVITIES.

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

DENTAL CARE COULD BE CONTRACTED OUT OR THE ACTIVE DUTY PATIENTS COULD BE BUSED TO FORT LEWIS, WA, A LARGE ARMY BASE, SOUTH OF TACOMA (ONE WAY IS 57 MILES). IT IS ON THE AVERAGE A ONE HOUR AND 10 MINUTE DRIVE. THIER CAPABILITY WOULD BE REQUIRED TO BE INCREASED.

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

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

| UNIT NAME        | UNIT NUMBER<br>(IF APPLICABLE) | NUMBER OF STAFF<br>ASSIGNED |
|------------------|--------------------------------|-----------------------------|
| NDC PEARL HARBOR | 62313                          | 7                           |
| NDC GUAM         | 62328                          | 1                           |
| 1ST FSSG         | 67446                          | 3                           |
| NDC YOKOSUKA     | 68495                          | 2                           |
| NDC OKINAWA      | 68582                          | 4                           |
| FLTHOSP #2       | 68682                          | 1                           |
|                  |                                |                             |

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

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

13. Quality of Life. **NOTE:** THIS INFORMATION IS BEING SUBMITTED BY SUBASE BANGOR, VIA FLEET CHAIN TO CINCPACFLT.

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

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 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 -<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 -<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

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

  
Signature

DIRECTOR  
Title

27 MAY 94  
Date

BRANCH DENTAL CLINIC, NSB, BANGOR  
Activity



# Document Separator

417

**DATA CALL 66  
INSTALLATION RESOURCES**

**1 Activity Information:**

|  |                                |
|--|--------------------------------|
| Activity Name:   | BRANCH DENTAL CLINIC BANGOR WA |
| UIC:   | 45021                          |
| Host Activity Name (if response is for a tenant activity): | NAVAL SUBMARINE BASE BANGOR WA |
| Host Activity UIC:   | 68436                          |

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

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

| <b>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b> |                           |                   |       |
|---|---------------------------|-------------------|-------|
| <b>Activity Name: BRANCH DENTAL CLINIC BANGOR</b>                         |                           | <b>UIC: 45021</b> |       |
| Category  | FY 1996 BOS Costs (\$000) |                   |       |
|   | Non-Labor                 | Labor             | Total |
| <b>1. Real Property Maintenance Costs:</b>                                |                           |                   |       |
| 1a. Maintenance and Repair  |                           | 5                 | 5     |
| 1b. Minor Construction  |                           |                   |       |
| <b>1c. Sub-total 1a. and 1b.</b>  |                           | 5                 | 5     |
| <b>2. Other Base Operating Support Costs:</b>                             |                           |                   |       |
| 2a. Utilities   |                           | 20                | 20    |
| 2b. Transportation  |                           | 2                 | 2     |
| 2c. Environmental   |                           | 1                 | 1     |
| 2d. Facility Leases   |                           |                   |       |
| 2e. Morale, Welfare & Recreation  |                           |                   |       |
| 2f. Bachelor Quarters   |                           |                   |       |
| 2g. Child Care Centers  |                           |                   |       |
| 2h. Family Service Centers  |                           |                   |       |
| 2i. Administration  |                           | 3                 | 3     |
| 2j. Other (Specify)   |                           |                   |       |
| <b>2k. Sub-total 2a. through 2j:</b>                                      |                           | 26                | 26    |
| <b>3. Grand Total (sum of 1c. and 2k.):</b>                               |                           | 31                | 31    |

**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:                 | 344                   |
| SUBTOTAL DIRECT      | 344                   |
| MILITARY PERSONNEL:  |                       |
| MPN                  | 20                    |
| SUBTOTAL MPN         | 20                    |
| GRAND TOTAL          | 364                   |

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

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

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INSTALLATION RESOURCES**

| <b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b> |   |                   |       |
|--|---|-------------------|-------|
| <b>Activity Name: BRANCH DENTAL CLINIC BANGOR WA</b>           |   | <b>UIC: 45021</b> |       |
| Category   | FY 1996 Net Cost From UC/FUND-4 (\$000) |                   |       |
|  | Non-Labor                               | Labor             | Total |
| <b>1. Real Property Maintenance Costs:</b>                     | N/A                                     | N/A               | N/A   |
| 1a. Real Property Maintenance (> \$15K)                        | N/A                                     | N/A               | N/A   |
| 1b. Real Property Maintenance (< \$15K)                        | N/A                                     | N/A               | N/A   |
| 1c. Minor Construction (Expensed)                              | N/A                                     | N/A               | N/A   |
| 1d. Minor Construction (Capital Budget)                        | N/A                                     | N/A               | N/A   |
| <b>1c. Sub-total 1a. through 1d.</b>                           | N/A                                     | N/A               | N/A   |
| <b>2. Other Base Operating Support Costs:</b>                  | N/A                                     | N/A               | N/A   |
| 2a. Command Office   | N/A                                     | N/A               | N/A   |
| 2b. ADP Support  | N/A                                     | N/A               | N/A   |
| 2c. Equipment Maintenance                                      | N/A                                     | N/A               | N/A   |
| 2d. Civilian Personnel Services                                | N/A                                     | N/A               | N/A   |
| 2e. Accounting/Finance   | N/A                                     | N/A               | N/A   |
| 2f. Utilities  | N/A                                     | N/A               | N/A   |
| 2g. Environmental Compliance                                   | N/A                                     | N/A               | N/A   |
| 2h. Police and Fire  | N/A                                     | N/A               | N/A   |
| 2i. Safety   | N/A                                     | N/A               | N/A   |
| 2j. Supply and Storage Operations                              | N/A                                     | N/A               | N/A   |
| 2k. Major Range Test Facility Base Costs                       | N/A                                     | N/A               | N/A   |
| 2l. Other (Specify)  | N/A                                     | N/A               | N/A   |
| <b>2m. Sub-total 2a. through 2l:</b>                           | N/A                                     | N/A               | N/A   |
| <b>3. Depreciation</b>   | N/A                                     | N/A               | N/A   |
| <b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>              | N/A                                     | N/A               | N/A   |

**DATA CALL 66  
INSTALLATION RESOURCES**

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

| <b>Table 2 - Services/Supplies Cost Data</b>             |                                       |
|--|---------------------------------------|
| <b>Activity Name:</b> BRANCH DENTAL CLINIC BANGOR<br>WA  | <b>UIC:</b> 45021                     |
| Cost Category  | FY 1996<br>Projected Costs<br>(\$000) |
| <b>Travel:</b>   | 13                                    |
| <b>Material and Supplies (including equipment):</b>      | 108                                   |
| <b>Industrial Fund Purchases (other DBOF purchases):</b> |                                       |
| <b>Transportation:</b>                                   | 2                                     |
| <b>Other Purchases (Contract support, etc.):</b>         | 190                                   |
| <b>Total:</b>  | 313                                   |

**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: BRANCH DENTAL CLINIC BANGOR</b> | <b>UIC: 45021</b>  |
| <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:* Dentist and Dental Hygienists             | 3  |
| <b>Total Workyears:</b>                           | <b>3</b>   |

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

Comprehensive Dental Officer and Dental Hygienist services contracts are required to provide dental care in support a large active duty beneficiaries.

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

Three (3)

2) Estimated number of workyears which would be eliminated:

None

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

Three (3)

next  
see pg 38R = 15R  
VC Palmer 824  
8/4/94  
BOMED  
M80905  
65A  
8/4/94



**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support  
Office, San Diego

Activity

Signature

14 July 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

Signature

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

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

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

*L. V. Kuhl*  
Signature

COMMANDING OFFICER  
Title

12 July 94  
Date

NAVAL DENTAL CENTER BREMERTON WA  
for BRANCH DENTAL CLINIC BANGOR  
Activity

# Document Separator

418

CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL CLINIC ANNEX,  
PACIFIC MISSILE RANGE FACILITY, BARKING  
SANDS, KAUAI, HI  
ACTIVITY UIC 41767

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

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

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## MISSION REQUIREMENTS

|                   |     |
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**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   | 1127   | 1350   | 1350   | 1300   | 1300   | 1300   | 1300   | 1300   | 1300   |
| UNMET | 433    | 396    | 396    | 380    | 380    | 380    | 380    | 380    | 380    |
| TOTAL | 1660   | 1746   | 1746   | 1680   | 1680   | 1680   | 1680   | 1680   | 1680   |

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:

PERSONNEL ARE EXPECTED TO DECREASE BY ROUGHLY 10 IN FY 96: CTV'S ADJUSTED AN ARBITRARY 4% TO REFLECT THE CHANGE IN PATIENT POPULATION

MET CTV'S REPRESENT A DOUBLING OF THE CTV'S FOR THE ONE - TWO WEEK DEPLOYMENT IN FEBRUARY 1994.

UNMET CTV'S ARE BASED ON EFFICIENCY REVIEW MULTIPLES: FEBRUARY 1994 POST-DEPLOYMENT DENTAL CLASSIFICATION DATA WAS UTILIZED:

|                             |                             |
|-----------------------------|-----------------------------|
| 1993                        | 1994                        |
| CLASS 2 - 83 X 4.55 = 377.7 | CLASS 2 - 85 X 4.55 = 386.8 |
| CLASS 3 - 2 X 9.20 = 28.4   | CLASS 3 - 5 X 9.20 = 46.0   |
| CLASS 4 - 0                 | CLASS 4 - 0                 |
| 406.3                       | 432.8                       |

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   | 1350   | 1350   | 1300   | 1300   | 1300   | 1300   | 1300   | 1300   |
| UNMET | 396    | 396    | 380    | 380    | 380    | 380    | 380    | 380    |
| TOTAL | 1746   | 1746   | 1680   | 1680   | 1680   | 1680   | 1680   | 1680   |

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:

NO CONSTRAINTS IMPOSED BY THE PHYSICAL PLANT ARE ANTICIPATED, SO CALCULATIONS DEMONSTRATED IN 1 ABOVE APPLY.

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CDR J. T. FRENCH, DC, USN  
NAME (Please type or print)

J. T. French  
Signature

BRANCH DIRECTOR  
Title

25 MAY 1994  
Date

BDC, NAS BARBERS POINT  
Activity

**ENCLOSURE (6)**

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

NEXT ECHELON LEVEL (if applicable)

R. W. HINMAN, CAPT, DC, USN

NAME (Please type or print)

RW Hinman

Signature

COMMANDING OFFICER

Title

31 MAY 1994

Date

NDC PEARL HARBOR, HI

Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

6-17-94

Date

BUREAU OF MEDICINE AND SURGERY

Activity

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

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

R. R. SAREERAM

NAME (Please type or print)

R R Sareeram

Signature

ACTING

Title

28 JUN 1994

Date

# Document Separator

418

**MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: BRANCH DENTAL ANNEX, PACIFIC  
MISSILE RANGE FACILITY, BARKING SANDS, KAUAI,  
HI  
ACTIVITY UIC: 41767**

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

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

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## **MISSION REQUIREMENTS**

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

The mission of the Dental Annex at the Pacific Missile Range Facility, Barking Sands, Kauai, HI is to provide on-base dental support for two week periods on a semi-annual basis. Dental care includes annual examinations; operative; and routine oral surgery, endodontic, and periodontal care. The ultimate goal is to insure that all base personnel are examined annually, the maximum amount of routine care is performed on site, and appropriate referrals to BDC's Barbers Point and Pearl Harbor are arranged. The end result is identification and treatment of all dental problems for all base personnel.

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

| UNIT NAME            | UIC   | UNIT LOCATION      | UNIT SIZE<br>(NUMBER OF PERSONNEL) |
|----------------------|-------|--------------------|------------------------------------|
| PACMISRANFAC,<br>HI  | 0534A | PMRF BARKING SANDS | 104                                |
| PERSUPPDET PH,<br>HI | 43676 | PMRF BARKING SANDS | 2                                  |
| BRNAVMECL,<br>KAUAI  | 41742 | PMRF BARKING SANDS | 1                                  |
| NEX DET, PH          | 30428 | PMRF BARKING SANDS | 1                                  |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |
|                      |       |                    |                                    |

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

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

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION               | 113          |
| B. FY1993 MET WORKLOAD (CTVs)      | 1127         |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 473          |
| D. TOTAL WORKLOAD (B+C)            | 1600         |
| E. MET WORKLOAD PER CAPITA (B÷A)   | 10.0         |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 4.2          |
| G. WORKLOAD PER CAPITA (D÷A)       | 14.2         |

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

Due to the lack of barracks following the September 1992 devastation of Kauai by hurricane Iniki, the Dental Annex could only be manned for two days in April 1993. During this time, only 192.5 CTV's were produced. During a "normal" two week deployment to the Annex far more CTV's are generated. Therefore, it is inaccurate to base maximum CTV's on 1993 data.

Maximum capacity for CTVs: 1900

Explanation: The CTV data for the August 1993 deployment was 934.5. So roughly doubling that for the two semi-annual deployments is a reasonable maximum CTV figure for 1993.

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

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| POPULATION                          | 115     | 115     | 105     | 105     | 105     | 105     | 105     | 105     |
| A: TOTAL MET CTVs                   | 1350    | 1350    | 1300    | 1300    | 1300    | 1300    | 1300    | 1300    |
| B: TOTAL UNMET CTVs                 | 396     | 396     | 351     | 351     | 351     | 351     | 351     | 351     |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 1746    | 1746    | 1651    | 1651    | 1651    | 1651    | 1651    | 1651    |
| DENTISTS (MIL AND CIV)              | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 1       |
| PROPHY TECHNICIANS (MIL AND CIV)    | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 1       |
| DENTAL HYGIENISTS (MIL AND CIV)     | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |

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

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

Explanation: Row A represents maximum CTV's when the current and projected populations are evaluated.

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

| PROGRAM                                  | NUMBER TRAINED BY FISCAL YEAR |        |        |        |        |        |        |        |
|--|-------------------------------|--------|--------|--------|--------|--------|--------|--------|
|  | FY1994                        | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
| NO TRAINING IS PERFORMED AT THE FACILITY |                               |        |        |        |        |        |        |        |
|  |                               |        |        |        |        |        |        |        |
|  |                               |        |        |        |        |        |        |        |
|  |                               |        |        |        |        |        |        |        |
|  |                               |        |        |        |        |        |        |        |
|  |                               |        |        |        |        |        |        |        |
|  |                               |        |        |        |        |        |        |        |
|  |                               |        |        |        |        |        |        |        |

**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> |
|---------------------|--------------------------------|-------------|----------------|-----------------------------|
| 540-10              | 278/Dispensary                 | 1260        | 26             | 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 of BRAC realignments or closures.

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

THE DENTAL FACILITIES AT PMRF, BARKING SANDS ARE IN VERY GOOD OVERALL CONDITION: IN SPITE OF THE FACILITIES' AND EQUIPMENT'S INFREQUENT USE (THE DENTAL DEPLOYMENT SCHEDULE IS FOR A TWO WEEK PERIOD TWO TIMES PER ANNUM). THE DENTAL CLINIC IS SMALL, BUT OF ADEQUATE SIZE TO PROPERLY FULFILL ITS MISSION.

## LOCATION

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

THE BASE IS SMALL AND ALL PERSONNEL ARE LOCATED ON BASE SO, HAVING THE DENTAL CLINIC ON BASE IS IDEALLY SUITED TO FULFILLING ITS MISSION.

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

THE NUMBER OF PERSONNEL ASSIGNED TO THE BASE AND THE BASES' REMOTENESS REQUIRE EXAMINATIONS AND TREATMENT TO BE RENDERED HERE TO INSURE THAT OPERATIONAL COMMITMENTS CONTINUE TO BE MET.

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

AIR TRANSPORTATION CAN BE ARRANGED FOR MILITARY PERSONNEL AT THE CIVILIAN AIRPORT WHICH IS 40 MILES OR A 1 - 1 1/2 HOUR DRIVE FROM THE BASE. REGULARLY SCHEDULED HELICOPTER FLIGHTS TO AND FROM NAS BARBERS POINT OCCUR ON TUESDAYS AND FRIDAYS (UNTIL THE PROPOSED CLOSURE OF NAS BARBERS POINT IN 1997).

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

THERE ARE NO MOBILIZATION REQUIREMENTS FOR DENTAL PERSONNEL WHILE DEPLOYED TO THE FACILITY.

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

5 MINUTES

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

THIS IS A VERY HIGH COST OF LIVING AREA, AS AS SUCH, IT WOULD BE PROHIBITIVELY EXPENSIVE TO HIRE CIVILIAN DENTISTS TO PROVIDE THE DENTAL CARE.

## FEATURES AND CAPABILITIES

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

THE CESSATION OF DENTAL DEPLOYMENTS TO PMRF, BARKING SANDS WOULD RESULT IN ALL PATIENTS HAVING TO SEEK DENTAL TREATMENT AT THE NAVY BRANCH DENTAL CLINICS ON OAHU. THIS WOULD REQUIRE AN INCREASED NUMBER OF HELICOPTER FLIGHTS (CURRENT ONES ARE ALMOST ALWAYS TOTALLY OCCUPIED), AND RESULT IN A SIGNIFICANT LOSS OF MAN-HOURS (PATIENTS SPEND 8 HOURS ON OAHU WHEN THEY FLY OVER FOR AN APPOINTMENT - NO MATTER WHAT THE LENGTH OF THE APPOINTMENT IS). THE OTHER ALTERNATIVE WOULD BE TO SEND MILITARY PERSONNEL TO CIVILIAN PRACTITIONERS. THE COST OF THESE ALTERNATIVES IN LOST MAN-HOURS AND ADDITIONAL EXPENSE TO THE GOVERNMENT FAR EXCEED THE CURRENT COST OF DENTAL CARE.

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

THIS IS ANSWERED IN 11 ABOVE.

12. Mobilization. What are your facility's mobilization requirements? N/A (EXCEPT THAT THE FACILITY IS MANNED ONLY 4 WEEKS A YEAR AS A "MOBILIZATION" OF STAFF FROM NDC PEARL HARBOR)

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

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

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

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

13. Quality of Life.

PLEASES REFER TO HOST COMMAND'S "QUALITY OF LIFE" SECTION.

HOST: PACIFIC MISSILE RANGE FACILITY UIC: 0534A DATA CALL: #5

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CDR J. T. FRENCH, DC, USN  
NAME (Please type or print)

*J. T. French*  
Signature

BRANCH DIRECTOR  
Title

25 MAY 1994  
Date

BDC, NAS BARBERS POINT  
Activity

**ENCLOSURE (12)**

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

NEXT ECHELON LEVEL (if applicable)

R. W. HINMAN, CAPT, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NDC PEARL HARBOR, HI

Activity

*R. W. Hinman*

Signature

31 MAY 1994

Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

*D. F. Hagen*

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)

ACTING

Title

*R. R. Sareeram*

Signature

30 JUN 1994

Date

# Document Separator

418

UIC: 41767

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

1. ACTIVITY:

- Name

|                                   |  |
|-----------------------------------|--|
| Official name                     | <i>Branch Dental Annex, PMRF, Barking Sands, Kauai, HI</i> |
| Acronym(s) used in correspondence | <i>BDA, PMRF, Kauai, HI</i>                                |
| Commonly accepted short title(s)  | <i>Barking Sands Dental Annex</i>                          |

- Complete Mailing Address:

Naval Dental Center  
 Box 111  
 Pearl Harbor, HI 96860-5030

- PLAD: NAVDENCEN PEARL HARBOR HI
- PRIMARY UIC: 41767 (Plant Account UIC for Plant Account Holders)
- ALL OTHER UIC(s): None. PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes  No  (check one)

3. ACTIVITY TYPE:

- HOST COMMAND:

- Yes  No  (check one)

- TENANT COMMAND:

- Yes  No  (check one)
- Primary Host (current) UIC: 0534A
- Primary Host (as of 01 Oct 1995) UIC: 0534A

ENCLOSURE

UIC: 41767

- Primary Host (as of 01 Oct 2001) UIC: 0534A
- INDEPENDENT ACTIVITY:
- Yes \_\_\_ No  X  (check one)

4. SPECIAL AREAS:

| Name  | Location | UIC |
|-------|----------|-----|
| None. | N/A      | N/A |

5. DETACHMENTS:

| Name  | UIC | Location | Host name | Host UIC |
|-------|-----|----------|-----------|----------|
| None. | N/A | N/A      | N/A       | N/A      |

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

7. MISSION:

Current Missions

- Provide comprehensive outpatient dental care to the Navy and Marine Corps activities, the Fleet, and other authorized personnel in Hawaii.
- Participate as an integral element of the Navy and Tri-service Regional Health Care System.
- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

- Same as current missions mentioned above.

8. UNIQUE MISSIONS:

Current Unique Missions: None.

Projected Unique Missions for FY 2001: None.

UIC: 41767

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

- Operational name/UIC:

Commanding Officer, Pacific Missile Range Facility, Barking Sands, Kauai, HI/0534A

- Funding Source/UIC:

Chief, Bureau of Medicine and Surgery/00018

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

|                     | Officers   | Enlisted | Civilian (Appropriated) |
|---------------------|------------|----------|-------------------------|
| • Reporting Command | <u>1</u>   | <u>2</u> | <u>0</u>                |
| • Tenants (total)   | <u>N/A</u> | <u>5</u> | <u>22</u>               |

Authorized Positions as of 30 September 1994

|                     | Officers   | Enlisted  | Civilian (Appropriated) |
|---------------------|------------|-----------|-------------------------|
| • Reporting Command | <u>10</u>  | <u>20</u> | <u>0</u>                |
| • Tenants (total)   | <u>N/A</u> | <u>5</u>  | <u>23</u>               |

65A  
BUMED 825  
7/14/94

~~\*Note: Although not specifically requested, in order to provide accurate patient population data, the following personnel numbers for Pacific Missile Range Facility, Barking Sands, HI are provided.~~

~~On Board Count as of 01 January 1994~~

~~| Officers  | Enlisted  | Civilian (Appropriated) |
|-----------|-----------|-------------------------|
| <u>22</u> | <u>95</u> | <u>138</u>              |~~

~~Authorized Positions as of 30 September 1994~~

~~| Officers  | Enlisted  | Civilian (Appropriated) |
|-----------|-----------|-------------------------|
| <u>26</u> | <u>90</u> | <u>140</u>              |~~

UIC: 41767

11. KEY POINTS OF CONTACT (POC):

Title/Name:

- **Director, Branch Dental Clinic, NAS Barbers Pt., HI:**

CDR J. T. FRENCH, DC, USN

Office: (808) 684-0639 Home: (808) 499-1005 Fax: (808) 684-0628

- **Duty Officer:**

Office: (808) 471-3911 Fax: (808) 471-4098

- **XO, NAVDENCEN PEARL HARBOR, HI: CAPT J. E. TURNER, DC, USN**

Office: (808) 471-4098 Fax: (808) 471-4098 Home: (808) 499-2227

- **Dir for Admin: LCDR R. POBLETE, MSC, USN**

Office: (808) 474-4400 Fax: (808) 471-4098 Home: (808) 254-0436

12. TENANT ACTIVITY LIST:

- Tenants residing on main complex (shore commands)

*NOT HOST  
COMMAND*

*GSA  
BUMED-825  
7/14/99*

| Tenant Command Name                                     | UIC    | Officer | Enlisted | Civ-<br>ilian |
|---|--------|---------|----------|---------------|
| 15TH ABW/HIANG  | N/A    | N/A     | N/A      | N/A           |
| DOE/SANDIA KAUAI TEST SITE                              | N/A    | N/A     | N/A      | N/A           |
| NBS RADIO STATION                                       | N/A    | N/A     | N/A      | 4             |
| HIANG 289TH<br>PERSONNEL SUPPORT<br>ACTIVITY (PSA)      | N/A    | N/A     | 1        | N/A           |
| NAV MED CLINIC, PEARL<br>HARBOR                         | N68604 | N/A     | 2        | N/A           |
| OICC NAVFAC PACCDIV, PEARL<br>HARBOR                    | N68098 | N/A     | 1        | N/A           |
| US DEPT OF AGRICULTURE<br>NAVUNDERSEA WARFARE<br>CENTER | N62742 | N/A     | N/A      | 2             |
| NAVEXCHANGE   | N/A    | N/A     | N/A      | 6             |
| UNIV OF COLORADO (NASA)                                 | N00253 | N/A     | N/A      | 10            |
| BRANCH DENTAL CLINIC PMRF                               | N30428 | N/A     | 1        | N/A           |
|   | N/A    | N/A     | N/A      | N/A           |
|   | N62313 | 1       | 1        | N/A           |

UIC: 41767

- Tenants residing on main complex (homeported units.)

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

- Tenants residing in Special Areas: None.

*NOT HOST*

*6A BUREAU - 825  
7/14/94*

| Tenant Command Name                         | UIC    | Location                                     | Officer | Enlisted | Civilian |
|---|--------|--|---------|----------|----------|
| KOKEE PARK GEOPHYSICAL OBSERVATORY (NASA)   | N/A    | KOKEE, KAUAI, HI                             | N/A     | N/A      | N/A      |
| NAVUNDERSEA WARFARE CENTER                  | 00253  | PORT ALLEN, KAUAI, HI                        | N/A     | N/A      | N/A      |
| FACSFAC                                     | R09520 | MT KAALA, MAUNA KAPU, OAHU, KOKEE, KAUAI, HI | N/A     | N/A      | N/A      |
| NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS) | 63435  | MT KAALA, MAUNA KAPU, OAHU, HI               | N/A     | N/A      | N/A      |
| INTERNAL REVENUE SERVICE (IRS)              | N/A    | MT KAALA, OAHU, HI                           | N/A     | N/A      | N/A      |
| FEDERAL BUREAU OF INVESTIGATION (FBI)       | N/A    | MT KAALA, OAHU, HI                           | N/A     | N/A      | N/A      |
| SRS TECHNOLOGIES                            | N/A    | KAUAI, HI                                    | N/A     | N/A      | N/A      |
| VITRO LABORATORIES                          | N/A    | KAUAI, HI                                    | N/A     | N/A      | N/A      |
| ALLIED-SIGNAL AEROSPACE CO, GST             | N/A    | KAUAI, HI                                    | N/A     | N/A      | N/A      |
| BEECH AEROSPACE SERVICES, INC. BASI         | N/A    | KAUAI, HI                                    | N/A     | N/A      | N/A      |

**UIC: 41767**

- Tenants (Other than those identified previously)

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

**13. REGIONAL SUPPORT:**

| Activity name | Location | Support function (include mechanism such as ISSA, MOU, etc.) |
|---------------|----------|--|
| <i>None.</i>  |          |  |

**14. FACILITY MAPS:** To be reported by CO, PMRF, Barking Sands, HI.

UIC: 41767

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CDR J.T. FRENCH, DC, USN  
NAME (Please type or print)

J. French  
Signature

Director  
Title

07 Jul 1994  
Date

BrDental Clinic, NAS Barbers Pt, HI  
Activity

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

NEXT ECHELON LEVEL

CAPT R. W. HINMAN, DC, USN  
NAME (Please type or print)

R. W. Hinman  
Signature

Commanding Officer  
Title

7 July 94  
Date

Naval Dental Center, Pearl Harbor, HI  
Activity

UIC: 41767

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

*D. F. Hagen*  
Signature

CHIEF BUMED/SURGEON GENERAL  
Title

*July 15, 1994*  
Date

BUREAU OF MEDICINE AND SURGERY  
Activity

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

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

W. A. EARNER

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

*W. A. Earner*  
Signature

\_\_\_\_\_  
Title

*2/30/94*  
Date

# Document Separator

**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

|  |  |
|--|--|
| Activity Name:   | BRANCH DENTAL ANNEX BARKING SANDS                |
| UIC:   | 41767  |
| Host Activity Name (if response is for a tenant activity): | PACIFIC MISSILE RANGE FACILITY, KEKAHA KAUAI, HI |
| Host Activity UIC:   | 0534A  |

**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>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b> |                           |       |                   |
|---|---------------------------|-------|-------------------|
| <b>Activity Name: BDA BARKING SANDS</b>                                   |                           |       | <b>UIC: 41767</b> |
| Category  | FY 1996 BOS Costs (\$000) |       |                   |
|   | Non-Labor                 | Labor | Total             |
| <b>1. Real Property Maintenance Costs:</b>                                |                           |       |                   |
| 1a. Maintenance and Repair  | N/A                       | N/A   | N/A               |
| 1b. Minor Construction  | N/A                       | N/A   | N/A               |
| <b>1c. Sub-total 1a. and 1b.</b>  | N/A                       | N/A   | N/A               |
| <b>2. Other Base Operating Support Costs:</b>                             |                           |       |                   |
| 2a. Utilities   | N/A                       | N/A   | N/A               |
| 2b. Transportation  | N/A                       | N/A   | N/A               |
| 2c. Environmental   | N/A                       | N/A   | N/A               |
| 2d. Facility Leases   | N/A                       | N/A   | N/A               |
| 2e. Morale, Welfare & Recreation  | N/A                       | N/A   | N/A               |
| 2f. Bachelor Quarters   | N/A                       | N/A   | N/A               |
| 2g. Child Care Centers  | N/A                       | N/A   | N/A               |
| 2h. Family Service Centers  | N/A                       | N/A   | N/A               |
| 2i. Administration  | N/A                       | N/A   | N/A               |
| 2j. Other (Specify)   | N/A                       | N/A   | N/A               |
| <b>2k. Sub-total 2a. through 2j:</b>                                      | N/A                       | N/A   | N/A               |
| <b>3. Grand Total (sum of 1c. and 2k.):</b>                               | N/A                       | N/A   | N/A               |

All BOS costs are absorbed by Host Command: PACMISRANFAC Barking Sands, and as such should be reported under UIC:0534A data call submission.

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

N/A

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

| <b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b> |   |                   |       |
|--|---|-------------------|-------|
| <b>Activity Name: BDA BARKING SANDS</b>                        |   | <b>UIC: 41767</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)                         |   |                   | N/A   |
| 1b. Real Property Maintenance (<\$15K)                         |   |                   | N/A   |
| 1c. Minor Construction (Expensed)                              |   |                   | N/A   |
| 1d. Minor Construction (Capital Budget)                        |   |                   | N/A   |
| <b>1c. Sub-total 1a. through 1d.</b>                           |   |                   | N/A   |
| <b>2. Other Base Operating Support Costs:</b>                  |   |                   | N/A   |
| 2a. Command Office   |   |                   | N/A   |
| 2b. ADP Support  |   |                   | N/A   |
| 2c. Equipment Maintenance                                      |   |                   | N/A   |
| 2d. Civilian Personnel Services                                |   |                   | N/A   |
| 2e. Accounting/Finance   |   |                   | N/A   |
| 2f. Utilities  |   |                   | N/A   |
| 2g. Environmental Compliance                                   |   |                   | N/A   |
| 2h. Police and Fire  |   |                   | N/A   |
| 2i. Safety   |   |                   | N/A   |
| 2j. Supply and Storage Operations                              |   |                   | N/A   |
| 2k. Major Range Test Facility Base Costs                       |   |                   | N/A   |
| 2l. Other (Specify)  |   |                   | N/A   |
| <b>2m. Sub-total 2a. through 2l:</b>                           |   |                   | N/A   |
| <b>3. Depreciation</b>   |   |                   | N/A   |
| <b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>              |   |                   | N/A   |

**DATA CALL 66  
INSTALLATION RESOURCES**

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

| <b>Table 2 - Services/Supplies Cost Data</b>             |                                       |
|--|---------------------------------------|
| <b>Activity Name:</b> BDA BARKING SANDS                  | <b>UIC:</b> 41767                     |
| Cost Category  | FY 1996<br>Projected Costs<br>(\$000) |
| <b>Travel:</b>   | 0                                     |
| <b>Material and Supplies (including equipment):</b>      | 2                                     |
| <b>Industrial Fund Purchases (other DBOF purchases):</b> | N/A                                   |
| <b>Transportation:</b>                                   | N/A                                   |
| <b>Other Purchases (Contract support, etc.):</b>         | N/A                                   |
| <b>Total:</b>  | 2                                     |

**DATA CALL 66  
INSTALLATION RESOURCES**

**3. Contractor Workyears.**

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

| <b>Table 3 - Contract Workyears</b>     |   |
|---|---|
| <b>Activity Name:</b> BDA BARKING SANDS | <b>UIC:</b> 41767                             |
| Contract Type                           | FY 1996 Estimated Number of Workyears On-Base |
| Construction:                           | N/A   |
| Facilities Support:                     | N/A   |
| Mission Support:                        | N/A   |
| Procurement:                            | N/A   |
| Other:*                                 | N/A   |
| <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.

All construction and facilities support contract work absorbed by Host Command: PACMISRANFAC Barking Sands, and as such should be reported under UIC:0534A data call submission. Procurement contracts provided by Fleet and Industrial Supply Center, Pearl Harbor and should be reported under UIC:00604 data call submission.

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

**DATA CALL 66  
INSTALLATION RESOURCES**

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. W. HINMAN, CAPT, DC, USN  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

COMMANDING OFFICER  
Title

12 JULY 1994  
Date

NAVAL DENTAL CENTER  
PEARL HARBOR, HI  
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

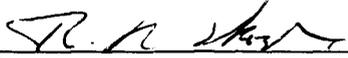
\_\_\_\_\_  
NAME (Please type or print)

Officer in Charge, Acting

\_\_\_\_\_  
Title

Naval Healthcare Support  
Office, San Diego

\_\_\_\_\_  
Activity

  
\_\_\_\_\_  
Signature

14 July 1994

\_\_\_\_\_  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

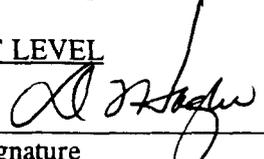
\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

  
\_\_\_\_\_  
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

  
\_\_\_\_\_  
Signature

04 AUG 1994

\_\_\_\_\_  
Date

# Document Separator

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

|                                   |                                    |
|-----------------------------------|------------------------------------|
| Official name                     | Branch Dental Clinic Brunswick, ME |
| Acronym(s) used in correspondence | BDC Brunswick, ME                  |
| Commonly accepted short title(s)  |                                    |

- Complete Mailing Address: Branch Dental Clinic  
Naval Air Station  
Brunswick, ME 04011

- PLAD: BRDENCLINIC BRUNSWICK ME

- PRIMARY UIC: 41775 (Plant Account UIC for Plant Account Holders)

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

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

2. **PLANT ACCOUNT HOLDER:**

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

UIC 41775  
BDC BRUNSWICK

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: 60087
- Primary Host (as of 01 Oct 1995) UIC: Same as above
- Primary Host (as of 01 Oct 2001) UIC: Same as above

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

• Yes \_\_\_\_\_ No  X  (check one)

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

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

UIC 41775  
BDC BRUNSWICK

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.

-BDC Brunswick lost all billets in anticipation of BRAC 91. When NAS Brunswick was not on the closure list three dental officer and eight enlisted billets were reinstated. This represented a 50% reduction in clinic personnel.

UIC 41775  
BDC BRUNSWICK

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

Current Missions

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

Projected Missions for FY 2001

-No changes anticipated.



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

On Board Count as of 01 January 1994

|                     | Officers | Enlisted | C i v i l i a n |
|---------------------|----------|----------|-----------------|
| (Appropriated)      |          |          |                 |
| • Reporting Command | <u>3</u> | <u>8</u> | <u>2</u>        |
| Contract            |          |          | <u>0*</u>       |
| • Tenants (total)   | <u>3</u> | <u>8</u> | <u>2</u>        |

Authorized Positions as of 30 September 1994

|                     | Officers | Enlisted | C i v i l i a n |
|---------------------|----------|----------|-----------------|
| (Appropriated)      |          |          |                 |
| • Reporting Command | <u>3</u> | <u>8</u> | <u>2</u>        |
| Contract            |          |          | <u>0*</u>       |
| • Tenants (total)   | <u>3</u> | <u>8</u> | <u>2</u>        |

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

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

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

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

- Tenants residing on main complex (shore commands)

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

- Tenants residing on main complex (homeported units.)

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

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

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

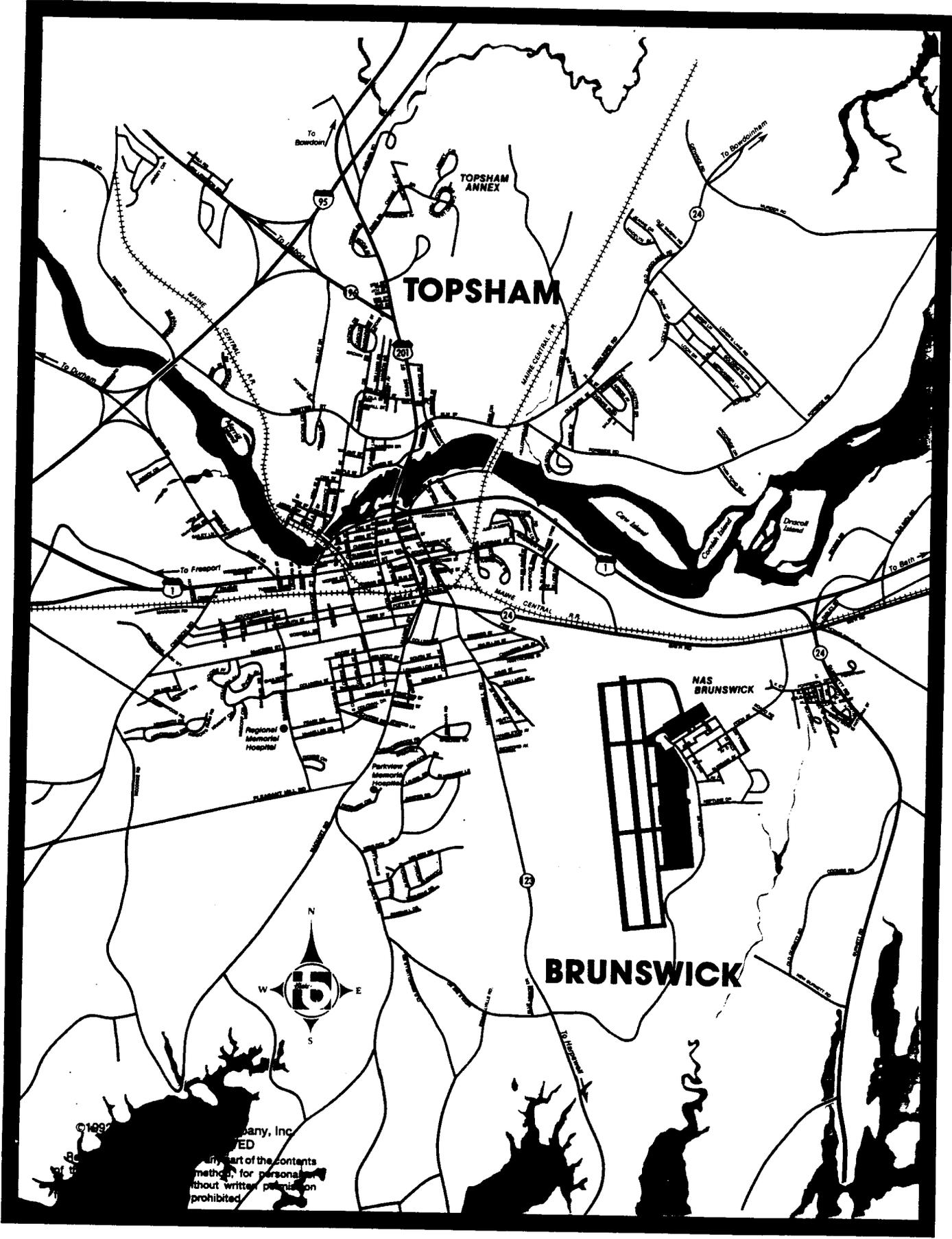
- Tenants (Other than those identified previously)

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

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>SUSHIPS Bath -<br/>Pre-com units</i> | <i>Bath, ME</i>         | <i>Dental Support</i>  |
| <i>USN Reserve<br/>Center</i>           | <i>Portland,<br/>ME</i> | <i>"</i>   |
| <i>USMC Recruiters</i>                  | <i>Portland,<br/>ME</i> | <i>"</i>   |
| <i>USMC Reserve<br/>Center</i>          | <i>Topsham,<br/>ME</i>  | <i>"</i>   |
| <i>USAF Recruiters</i>                  | <i>Portland,<br/>ME</i> | <i>"</i>   |
| <i>US Army</i>                          | <i>Portland,<br/>ME</i> | <i>"</i>   |
| <i>Coast Guard</i>                      | <i>Portland,<br/>ME</i> | <i>"</i>   |
| <i>Maine Army<br/>National Guard</i>    | <i>Augusta,<br/>ME</i>  | <i>"</i>   |

14. FACILITY MAPS: ATTACHED



**TOPSHAM**

TOPSHAM ANNEX

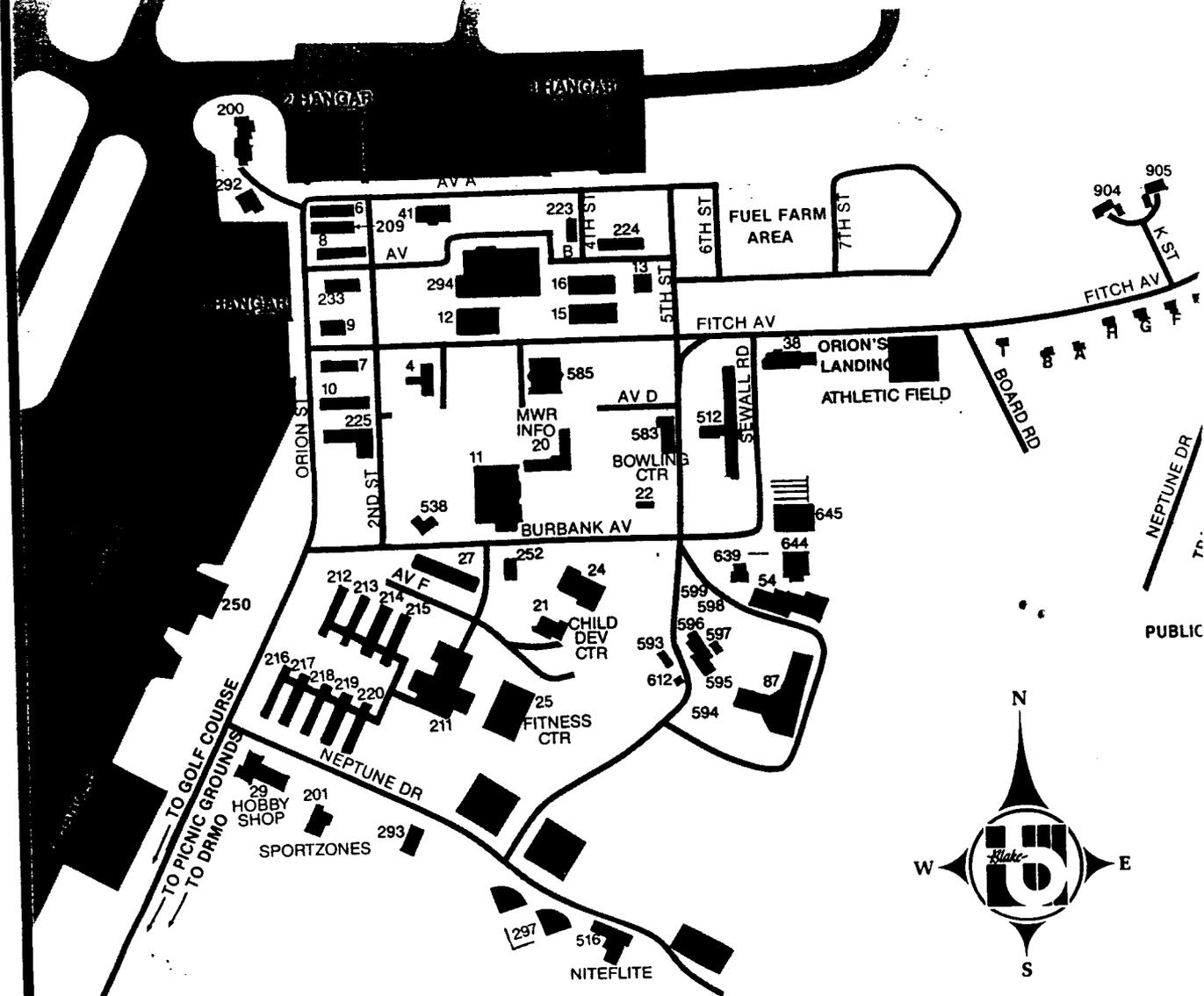
NAS BRUNSWICK

**BRUNSWICK**

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method, for personal  
without written permission  
prohibited.

0 2 FEB 1994

# NAS BRUNSWICK BASE I



|  |     |                                     |       |                             |     |
|--|-----|-------------------------------------|-------|-----------------------------|-----|
| ADMINISTRATION                             | 4   | GYM                                 | 25    | THEATER                     | 293 |
| AIMD GROUND SUPPORT                        | 7   | HANGAR                              | 1     | UEQ                         | 212 |
| ATHLETIC FIELDS                            | A   | HANGAR                              | 2     | UEQ/CPO 3RD DECK            | 213 |
| ATHLETIC FIELDS                            | B   | HANGAR                              | 3     | UEQ                         | 214 |
| BOQ  | 512 | HANGAR                              | 5     | UEQ                         | 215 |
| CENTRAL HEATING PLANT                      | 233 | HANGAR/AIMD                         | 4/250 | UEQ/SAC                     | 216 |
| CHAPEL                                     | 585 | HOBBY SHOP                          | 252   | UEQ                         | 217 |
| CHIEF P.O. CLUB                            | 201 | HOUSING OFFICE/HOUSING REFERRAL     | 9     | UEQ/CHECK IN DESK           | 218 |
| CHILD CARE CENTER                          | 21  | LIBRARY, REC. SERVICES, MWR, CREDIT | 20    | UEQ                         | 219 |
| COMMANDING OFFICERS QTRS, NAS              | 904 | UNION, POST OFFICE, N.H. COLLEGE    | 20    | UEQ                         | 220 |
| COMPATWINGSLANT QTRS.                      | 905 | MEDICAL DENTAL CENTER               | 645   | VEHICLE MAINTENANCE SHOP    | 225 |
| COMMUNICATIONS CENTER                      | 596 | NAVY EXCHANGE                       | 11    | WAREHOUSE PERSONAL PROPERTY |     |
| ENLISTED MEN'S CLUB                        | 516 | ORION'S LANDING                     |       | OFFICE                      | 294 |
| ENLIGHTED MEN'S DINING HALL                | 211 | OPERATIONS                          | 200   | WEAPONS                     | 223 |
| EXCHANGE GAS STATION/<br>REDEMPTION CENTER | 538 | PUBLIC WORKS                        | 24    |                             |     |
| EXPOSURE ORDINANCE DISPOSAL                | 22  | PUBLIC WORKS TRANSPORTATION         | 8     |                             |     |
| FAMILY SERVICE CENTER/NAVY RELIEF          | 27  | SECURITY SHORE PATROL               | 10    |                             |     |
| FASO P-3C TRAINER                          | 644 | SUPPLY - LEGAL - DATA PROCESSING    | 37    |                             |     |
| FASTOTRAGRULANT                            | 224 | CAAC                                | 12    |                             |     |

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UIC 41775  
BDC BRUNSWICK

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

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

R. L. Jucovics  
Signature

Commanding Officer  
Title

1 Feb 94  
Date

NAVAL DENTAL CENTER NEWPORT, RI  
Activity

UIC 41775  
BDC BRUNSWICK

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print) Signature \_\_\_\_\_  
\_\_\_\_\_  
Title Date \_\_\_\_\_  
\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print) Signature \_\_\_\_\_  
\_\_\_\_\_  
Title Date \_\_\_\_\_  
\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour  
NAME (Please type or print) x *R. I. Ridenour*  
Signature \_\_\_\_\_  
ACTING CHIEF BUMED  
Title Date 10 FEB 1994  
BUREAU OF MEDICINE & SURGERY  
Activity

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

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

J. B. GREENE, JR  
NAME (Please type or print) Signature *J. B. Greene Jr*  
ACTING  
Title Date 16 FEB 1994

# Document Separator

419

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: Branch Dental Clinic BRUNSWICK, ME  
ACTIVITY UIC: 41775**

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

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

## **TABLE OF CONTENTS**

### **MISSION REQUIREMENTS**

1. Workload
2. Staffing

**MISSION REQUIREMENTS**

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

| CTVs              | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>MET</b>        | 46,613 | 55,268 | 54,167 | 54,523 | 54,489 | 54,489 | 54,489 | 54,489 | 54,489 |
| <b>UNMET</b><br>* | 11,834 | 14,032 | 13,752 | 13,843 | 13,834 | 13,834 | 13,834 | 13,834 | 13,834 |
| <b>TOTAL</b>      | 58,447 | 69,300 | 67,920 | 68,366 | 68,323 | 68,323 | 68,323 | 68,323 | 68,323 |

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

Please show all calculations and assumptions in the space below:

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

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

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

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

| CTVs  | FY1994  | FY1995  | FY1996  | FY1997  | FY1998  | FY1999  | FY2000  | FY2001  |
|-------|---------|---------|---------|---------|---------|---------|---------|---------|
| MET   | 184,227 | 180,558 | 181,743 | 181,630 | 181,630 | 181,630 | 181,630 | 181,630 |
| UNMET | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| TOTAL | 184,227 | 180,558 | 181,743 | 181,630 | 181,630 | 181,630 | 181,630 | 181,630 |

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

Please show all calculations and assumptions in the space below:

-Staffing increased to optimize dental treatment rooms.

-New MET CTVs=(MET CTVs/Present Staff)\*Full Staff

-New Unmet CTVs=Total CTVs - New Met CTVs

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

| PROVIDER TYPE                          | FY<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) | 1          | 1          | 1          | 1          | 1          | 1          | 1          | 1          | 1          |
| DENTAL HYGIENISTS<br>(MIL AND CIV)     | 1          | 1          | 1          | 1          | 1          | 1          | 1          | 1          | 1          |

**Onborad as of May 1994**

BRAC-95 CERTIFICATION  
FOR  
**BRANCH DENTAL CLINIC BRUNSWICK, ME**  
**UIC: 41775**

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Commanding officer  
Title

Naval Dental Center Newport, RI  
Activity

*R. L. Jucovics*  
Signature  
24 May 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

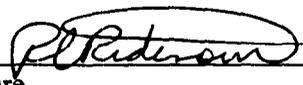
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

x   
Signature

16 JUN 1994

ACTING CHIEF BUMED  
Title

\_\_\_\_\_  
Date

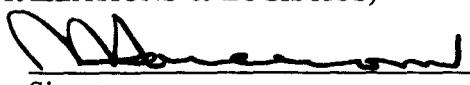
BUREAU OF MEDICINE AND SURGERY  
Activity

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

\_\_\_\_\_  
Title

ACTING

28 JUN 1994

\_\_\_\_\_  
Date

# Document Separator

419

MILITARY VALUE ANALYSIS:  
DATA CALL WORK SHEET FOR  
DENTAL FACILITY: Branch Dental Brunswick, ME  
ACTIVITY UIC: 41775

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

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

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**\*ATTACHED: DENTAL EQUIPMENT AND FACILITIES REPORT  
(NAVMED 6750/4)**

## **MISSION REQUIREMENTS**

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

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

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

| UNIT NAME              | UIC    | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) * |
|------------------------|--------|---------------|-----------------------------------|
| NAS BRUNSWICK          | 60087  | BRUNSWICK, ME | 571                               |
| PCU JOHN MCCAIN        |        | BATH, ME      | 338                               |
| VP-8                   | 09661  | BRUNSWICK, ME | 308                               |
| VP-10                  | 09639  | BRUNSWICK, ME | 308                               |
| VP-26                  | 09610  | BRUNSWICK, ME | 300                               |
| VP-11                  | 09367  | BRUNSWICK, ME | 300                               |
| VP-23                  | 09043  | BRUNSWICK, ME | 300                               |
| US COAST GUARD         |        | PORTLAND, ME  | 265                               |
| PCU LABOON             |        | BATH, ME      | 200                               |
| VPU-1                  | 53869  | BRUNSWICK, ME | 150                               |
| PCU PAUL HAMILTON      |        | BATH, ME      | 80                                |
| US ARMY                |        | AUGUSTA, ME   | 78                                |
| FASOTRAGRULANT         | 0348A  | BRUNSWICK, ME | 76                                |
| CPW-5 TSC              | 35381  | BRUNSWICK, ME | 60                                |
| NAVCOMTELDET           | 33242  | BRUNSWICK, ME | 52                                |
| NAVMEDCLINIC           | 32615  | BRUNSWICK, ME | 45                                |
| NAVMEDCLINIC           | 32615  | BRUNSWICK, ME | 45                                |
| CPW-5 STAFF            | 53823  | BRUNSWICK, ME | 34                                |
| ARMY RECRUIT           | W14GRH | TOPSHAM ANNEX | 30                                |
| SUPSHIPS               | 62786  | BATH, ME      | 27                                |
| NLMOF                  | 66458  | BRUNSWICK, ME | 23                                |
| PSD                    | 44343  | BRUNSWICK, ME | 16                                |
| MIL PROCESSING STATION |        | PORTLAND, ME  | 14                                |
| NAVY RESERVE           |        | PORTLAND, ME  | 13                                |

| UNIT NAME       | UIC    | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) * |
|-----------------|--------|---------------|-----------------------------------|
| NAVSECGRUDET    | 35293  | BRUNSWICK, ME | 13                                |
| FLEET PATROL    | 55619  | BRUNSWICK, ME | 12                                |
| NAVDENCLINIC    | 41775  | BRUNSWICK, ME | 11                                |
| 4TH MAR DIV     | 80251  | TOPSHAM ANNEX | 9                                 |
| USMEDDAC        | W1U534 | TOPSHAM ANNEX | 6                                 |
| USAF RECRUITER  |        | MAINE         | 6                                 |
| NMBC-27         | 08867  | BRUNSWICK, ME | 5                                 |
| FLTIMAGCENTLAN  | 39358  | BRUNSWICK, ME | 4                                 |
| ROICC           | 44214  | BRUNSWICK, ME | 4                                 |
| USMC RECRUITER  |        | MAINE         | 4                                 |
| LEGAL SERVICES  | 45458  | BRUNSWICK, ME | 4                                 |
| DECA            | 48876  | TOPSHAM ANNEX | 4                                 |
| COMRESPATWING   | 39047  | TOPSHAM ANNEX | 3                                 |
| CPW-5 SPRINTCOM | 66848  | BRUNSWICK, ME | 2                                 |
| NAESU           | 30860  | BRUNSWICK, ME | 2                                 |
| RESERVE REC.    | 44768  | BRUNSWICK, ME | 2                                 |
| NAVSECGRUACT    | 45485  | BRUNSWICK, ME | 1                                 |

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

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

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

| CATEGORY                           | FY 1993 DATA |
|------------------------------------|--------------|
| A. ACTUAL POPULATION *             | 2,752        |
| B. FY1993 MET WORKLOAD (CTVs)      | 46,613       |
| C. FY1993 UNMET WORKLOAD (CTVs)    | 11,834       |
| D. TOTAL WORKLOAD (B+C)            | 58,447       |
| E. MET WORKLOAD PER CAPITA (B÷A)   | 16.9         |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 4.3          |
| G. WORKLOAD PER CAPITA (D÷A)       | 21.2         |

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

Maximum capacity for CTVs: 155,377, If staffing were to be increased to optimize clinic dental treatment rooms.

Explanation:

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

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

|                                     | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| POPULATION                          | 3,263   | 3,198   | 3,219   | 3,217   | 3,217   | 3,217   | 3,217   | 3,217   |
| A: TOTAL MET CTVs                   | 55,268  | 54,167  | 54,523  | 54,489  | 54,489  | 54,489  | 54,489  | 54,489  |
| B: TOTAL UNMET CTVs                 | 14,032  | 13,752  | 13,843  | 13,834  | 13,834  | 13,834  | 13,834  | 13,834  |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 69,300  | 67,920  | 68,366  | 68,323  | 68,323  | 68,323  | 68,323  | 68,323  |
| DENTISTS (MIL AND CIV)              | 3       | 3       | 3       | 3       | 3       | 3       | 3       | 3       |
| PROPHY TECHNICIANS (MIL AND CIV)    | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 1       |
| DENTAL HYGIENISTS (MIL AND CIV)     | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 1       |

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

Maximum capacity for CTVs: FY94 184,227, If staffing were to be increased to optimize clinic dental treatment room space.

Explanation:

**\*Source for population is RAPS data.**

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

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

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or 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> |
|---------------------|--------------------------------|-------------|----------------|-----------------------------|
| 54010               | BDC, Brunswick/Pt. care        | 8,073       | 15             | Adequate                    |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |
|                     |                                |             |                |                             |

<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 of BRAC realignments or closures.

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---------|-------------|-----------|-------|
| NONE    |             |           |       |
|         |             |           |       |
|         |             |           |       |

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

- No impact on the performance of the clinic's mission -

## LOCATION

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

-The clinic is collected with the branch medical clinic, making for convenient patient visit.

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

-The clinic is collected with the branch medical clinic, making for convenient patient visit.

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

-Air: Portland, ME, 35 miles.

-Rail: Portland, ME, 35 miles.

-Sea: Portland, ME, 35 miles.

-Ground: Portland, ME, 35 miles.

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

-Easy access to transportation nodes.

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

-10 minutes.

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

-This clinic does not have difficulty recruiting qualified staff.

## **FEATURES AND CAPABILITIES**

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

-This clinic is the largest Navy dental clinic north of Newport, RI and the only clinic with a prosthetic laboratory. The active duty population would have to travel to Portland, ME, (1 hour drive) to receive military dental care. Such discontinuation of services would have a tremendously adverse affect on dental health and readiness of the active duty force.

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

-Active duty would have to travel to Portland, ME (1 hour drive) to receive military dental care.

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

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

| UNIT NAME        | UNIT NUMBER<br>(IF APPLICABLE) | NUMBER OF STAFF<br>ASSIGNED * |
|------------------|--------------------------------|-------------------------------|
| USS BELLEAU WOOD | 20633                          | 1                             |
| FLT HOSP UNIT 20 | 46977                          | 2                             |

\*Assigned as of May 1994.

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

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

-Mission requirements would still be achieved.

13. Quality of Life.

Submission made by:

RLC: Naval Air Station, Brunswick, ME

UIC: 60087

BRAC Data Call: #38

**DENTAL EQUIPMENT AND FACILITIES REPORT**

|                |   |     |       |
|----------------|---|-----|-------|
| DATE OF REPORT | 29 DEC 1993                                 | UIC | 41775 |
| FACILITY       | BRANCH DENTAL CLINIC, NAS, BRUNSWICK, MAINE |     |       |

| PART 1 - DENTAL FACILITY SPACES |          |                             |                             |
|---------------------------------|----------|-----------------------------|-----------------------------|
| SPACE DESCRIPTION               | QUANTITY | APPROX SIZE                 | REMARKS                     |
| 1. CLINIC UNIT                  | 1        | 66 X 101                    | INCLUDES THE PROSTHETIC LAB |
| 2. DENTAL TREATMENT ROOM        | 10       | 10 X 12                     | ADEQUATE                    |
| 3. STERILIZATION ROOM           | 3        | 6 X 12<br>8 X 12<br>10 X 12 | ADEQUATE                    |
| 4. X-RAY EXPOSURE ROOM          | 1        | 12 X 16                     | ADEQUATE                    |
| 5. DARKROOM                     | 1        | 8 X 12                      | ADEQUATE                    |
| 6. PROSTHETIC LAB               | 1        | 25 X 27                     | ADEQUATE                    |
| 7. STOREROOM/SUPPLY ROOM        | 2        | 10 X 12<br>6 X 8            | ADEQUATE                    |
| 8. CONFERENCE ROOM              | 0        | N/A                         | N/A                         |
| 9. ADMINISTRATIVE OFFICE        | 1        | 10 X 12                     | ADEQUATE                    |
| 10. DENTAL OFFICER'S OFFICE     | 1        | 12 X 12                     | ADEQUATE                    |

NAVMED 6750/4 (REV. 5/91)

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| SPACE DESCRIPTION            | QUANTITY | APPROX SIZE                | REMARKS   |
|------------------------------|----------|----------------------------|---|
| 11. DENTAL REPAIR SHOP       | 1        | 11 X 11                    | ADEQUATE  |
| 12. PATIENT WAITING AREA     | 3        | (1) 12 X 18<br>(2) 10 X 12 | ADEQUATE  |
| 13. RECORDS CONTROL OFFICE   | 1        | 12 X 14                    | ADEQUATE  |
| 14. LOCKER ROOM (MALE)       | 1        | 10 X 12                    | INADEQUATE<br>LARGER SPACE<br>NEEDED TO<br>INSTALL LARGER<br>LOCKERS TO<br>STORE<br>UNIFORMS,<br>SHOES, ETC |
| 15. LOCKER ROOM (FEMALE)     | 1        | 10 X 12                    | ADEQUATE  |
| 16. TOILET FACILITY (MALE)   | 3        | (1) 4 X 7<br>(2) 4 X 11    | ADEQUATE  |
| 17. TOILET FACILITY (FEMALE) | 2        | 6 X 11                     | ADEQUATE  |
| 18. OTHER MAJOR ROOMS        | 1        | 6 X 12                     | ADEQUATE  |

| PART II - DENTAL EQUIPMENT             |                         |          |                    |
|--|-------------------------|----------|--------------------|
| SECTION A - DENTAL OPERATING EQUIPMENT |                         |          |                    |
| ITEM DESCRIPTION                       | MANUFACTURER AND MODEL  | QUANTITY | CONDITION CODE     |
| 1. DENTAL OPERATING UNIT               | ADEC EXCELLENCE<br>2070 | 9        | A-5 (8)<br>A-6 (1) |
| 2. DENTAL OPERATING CHAIR              | ADEC PRIORITY<br>1005   | 10       | A-4 (10)           |

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| ITEM DESCRIPTION             | MANUFACTURER AND MODEL           | QUANTITY | CONDITION CODE     |
|------------------------------|----------------------------------|----------|--------------------|
| 3. DENTAL OPERATING LIGHT    | ADEC 6300                        | 9        | A-5 (8)            |
|                              | PELTON AND CRANE LFTN            | 2        | A-6 (1)<br>A-5 (2) |
| 4. CENTRAL VACUUM SYSTEM     | DEN-TAL-EZ MC202                 | 1        | A-5 (1)            |
|                              | DEN-TAL-EZ CD210                 | 2        | A-5 (2)            |
| 5. AIR COMPRESSOR DEHYDRATOR | INGERSOLL RAND                   | 1        | A-5 (1)            |
| 6. STERILIZER                | CASTLE/MDT 3522                  | 1        | A-5                |
|                              | VERNITRON 8080RT                 | 1        | A-5                |
|                              | PELTON CRANE MC                  | 1        | A-5                |
| 7. LIFE SUPPORT EQUIPMENT    |                                  |          |                    |
| 8. OTHER MAJOR EQUIPMENT     | X-RAY CHAIR<br>KOENIGKRAMER 500L | 1        | A-5                |

| SECTION B - PROSTHETIC LAB EQUIPMENT |   |          |                |
|--------------------------------------|---|----------|----------------|
| ITEM DESCRIPTION                     | MANUFACTURER AND MODEL                            | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE         |   |          |                |
| 2. VACUUM PORCELAIN FURNACE          | JELENSKO COMMODORE                                | 1        | A-5            |
| 3. BURNOUT OVEN                      | JELENSKO ACCUTHERM 250-D                          | 1        | A-5            |
| 4. OTHER PROSTHETIC EQUIPMENT        | DUST COLLECTOR<br>- COE CS444                     | 3        | A-5 (3)        |
|                                      | CASTING MACHINE<br>-KERR BROKEN ARM<br>CENTRIFICO | 1        | A-5            |
|                                      | HANAU<br>- 2 STAGE CURING UNIT                    | 1        | A-5            |

| SECTION C - DENTAL X-RAY EQUIPMENT |                        |     |                |                  |
|------------------------------------|------------------------|-----|----------------|------------------|
| ITEM DESCRIPTION                   | MANUFACTURER AND MODEL | QTY | CONDITION CODE | RADIATION SURVEY |
| 1. STATIONARY INTRA ORAL           | GENDEX 1000            | 2   | A-5 (2)        | JUL 93           |
| 2. MOBILE INTRA ORAL               |                        |     |                |                  |
| 3. PANORAMIC                       | J MORITA PANORAL A1    | 1   | A-5            | JUL 93           |
| 4. CEPHALOMETRIC                   |                        |     |                |                  |
| 5. FILM PROCESSOR                  | AIR TECHNIQUES AT 2000 | 1   | A-5            |                  |

| PART III - UTILITIES    |         |    |            |                                   |        |           |
|-------------------------|---------|----|------------|-----------------------------------|--------|-----------|
| 1. ELECTRIC CURRENT: AC | X       | DC |            | A. VOLTAGE 110/220<br>B. CYCLE 60 |        |           |
| 2. GAS                  | NATURAL |    | COMMERCIAL | X                                 | BOTTLE | ACETYLENE |

| PART IV - REMARKS AND RECOMMENDATIONS  |  |  |
|--|--|--|
| <p>1. ALL X-RAY EQUIPMENT CONFORMS TO STATE AND FEDERAL PERFORMANCE STANDARDS.</p> <p>2. DENTAL TREATMENT ROOM #8 HAS X-RAY CAPABILITIES.</p> <p>3. PROSTHETIC LAB HAS LIMITED CAPABILITIES, SOME CASES MAY BE SENT TO NDC NEWPORT, RI FOR CASTING, ETC.</p> <p>4. ALL DENTAL TREATMENT ROOMS ARE SET UP FOR DENTAL TREATMENT.</p> |  |  |
| DATE<br>29 DEC 93  | TYPED NAME AND GRADE<br>R. S. SERGENT, CDR | SIGNATURE<br> |

BRAC-95 CERTIFICATION  
**FOR**  
**BRANCH DENTAL CLINIC BRUNSWICK, ME**  
**UIC: 41775**

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

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

Commanding Officer  
Title

Naval Dental Center Newport, RI  
Activity

R. L. Jucovic  
Signature  
24 May 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
Signature

16 JUN 1994

ACTING CHIEF BUMED  
Title

\_\_\_\_\_  
Date

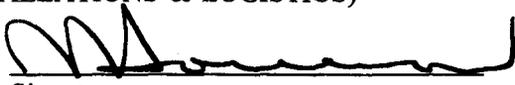
BUREAU OF MEDICINE AND SURGERY  
Activity

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

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

**R. R. SAREERAM**

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

  
Signature

ACTING  
Title

30 JUN 1994

\_\_\_\_\_  
Date

# Document Separator

1117

**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

|  |                                       |
|--|---------------------------------------|
| Activity Name:   | BRANCH DENTAL CLINIC<br>BRUNSWICK, ME |
| UIC:   | 41775                                 |
| Host Activity Name (if response is for a tenant activity): | NAVAL AIR STATION<br>BRUNSWICK, ME    |
| Host Activity UIC:   | 60087                                 |

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

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

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

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| <b>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b> |                           |       |                   |
|---|---------------------------|-------|-------------------|
| <b>Activity Name:</b> BRANCH DENTAL CENTER<br>BRUNSWICK, ME               |                           |       | <b>UIC:</b> 41775 |
| Category  | FY 1996 BOS Costs (\$000) |       |                   |
|   | Non-Labor                 | Labor | Total             |
| <b>1. Real Property Maintenance Costs:</b>                                |                           |       |                   |
| 1a. Maintenance and Repair  | 10                        |       | 10                |
| 1b. Minor Construction  |                           |       |                   |
| <b>1c. Sub-total 1a. and 1b.</b>  | 10                        |       | 10                |
| <b>2. Other Base Operating Support Costs:</b>                             |                           |       |                   |
| 2a. Utilities   | 23                        |       | 23                |
| 2b. Transportation  | 2                         |       | 2                 |
| 2c. Environmental   |                           |       |                   |
| 2d. Facility Leases   |                           |       |                   |
| 2e. Morale, Welfare & Recreation  |                           |       |                   |
| 2f. Bachelor Quarters   |                           |       |                   |
| 2g. Child Care Centers  |                           |       |                   |
| 2h. Family Service Centers  |                           |       |                   |
| 2i. Administration  | 1                         |       | 1                 |
| 2j. Other (Specify) Communications  | 2                         |       | 2                 |
| Engineering Support   | 6                         |       | 6                 |
| <b>2k. Sub-total 2a. through 2j:</b>                                      | 34                        |       | 34                |
| <b>3. Grand Total (sum of 1c. and 2k.):</b>                               | 44                        |       | 44                |

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

| <u>Appropriation</u> | <u>Amount (\$000)</u> |
|----------------------|-----------------------|
| O&M                  | 44                    |
| GRAND TOTAL 1A"3"    | 44                    |

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

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

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| <b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b> |   |       |                   |
|--|---|-------|-------------------|
| <b>Activity Name:</b> BRANCH DENTAL CLINIC<br>BRUNSWICK, ME    |   |       | <b>UIC:</b> 41775 |
| 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>1c. Sub-total 1a. through 1d.</b>                           | N/A                                     |       | N/A               |
| <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>                           | N/A                                     |       | N/A               |
| <b>3. Depreciation</b>   | N/A                                     |       | N/A               |
| <b>4. Grand Total (sum of 1c., 2m., and 3.) :</b>              | N/A                                     |       | N/A               |

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

| <b>Table 2 - Services/Supplies Cost Data</b>                |                                       |
|---|---------------------------------------|
| <b>Activity Name:</b> BRANCH DENTAL CLINIC<br>BRUNSWICK, ME | <b>UIC:</b> 41775                     |
| Cost Category   | FY 1996<br>Projected Costs<br>(\$000) |
| <b>Travel:</b> E  | 5                                     |
| <b>Material and Supplies (including equipment):</b> T, W, Y | 31                                    |
| <b>Industrial Fund Purchases (other DBOF purchases):</b>    |                                       |
| <b>Transportation:</b> E                                    | 2                                     |
| <b>Other Purchases (Contract support, etc.):</b>            |                                       |
| Q - Maintenance and Repair                                  | 10                                    |
| Q - Engineering Support                                     | 4                                     |
| M - Utilities   | 23                                    |
| N - Communications  | 2                                     |
| <b>Total:</b>   | <b>77</b>                             |

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**3. Contractor Workyears.**

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

| <b>Table 3 - Contract Workyears</b>                         |  |
|---|--|
| <b>Activity Name:</b> BRANCH DENTAL CLINIC<br>BRUNSWICK, ME | <b>UIC:</b> 41775  |
| <b>Contract Type</b>  | <b>FY 1996 Estimated<br/>Number of<br/>Workyears On-Base</b> |
| Construction:   |  |
| Facilities Support:   |  |
| Mission Support:  |  |
| Procurement:  |  |
| Other:*   |  |
| <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.

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

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

0

2) Estimated number of workyears which would be eliminated:

None

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

None

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

R.L. Jucovics  
Signature

COMMANDING OFFICER  
Title

19 JULY 1994  
Date

BRANCH DENTAL CLINIC  
BRUNSWICK, ME  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

7-26-94

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

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

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

8/6/94  
\_\_\_\_\_  
Date