



**SPECIAL PROJECT REQUEST**

NAVFAC 11014/64 (REV. 5-74)

Supersedes NAVFAC 9-11014/64 (11-68)

**STEP TWO SUBMISSION**

S/N 0105-LF-003-4230

1. ACTIVITY SNDL NO.	ACTIVITY NAME AND LOCATION	DATE SUBMITTED
2. PROJECT NO.	TITLE	
3. TYPE a. <input type="checkbox"/> MAINT./REPAIR      b. <input type="checkbox"/> MINOR CONSTRUCTION/ ALTERATION      c. <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> EQUIPMENT INSTALLATION		
4. DESCRIBE AND STATE FUNCTION OF FACILITY		a. PROPERTY RECORD CARD NO.  b. NAVY CATEGORY CODE  c. BLDG. OR STRUCTURE NO.
5. WHAT IS THE EFFECT OF THIS PROJECT ON THE MISSION OF THE ACTIVITY?		
6. THE REQUIREMENT FOR THE FACILITY IS BASED ON: a. <input type="checkbox"/> A CHANGE IN MISSION    b. <input type="checkbox"/> FULL-TIME CONTINUING NEED    c. <input type="checkbox"/> 3 TO 5 YEAR NEED    d. <input type="checkbox"/> LESS THAN 3 YEARS NEED    e. <input type="checkbox"/> CURRENTLY REQUIRED LESS THAN 50% OF TIME    f. <input type="checkbox"/> RESERVED FOR FUTURE REQUIREMENTS		
7a. EST. FUNDED COST \$	b. EST. PROJECT COST \$	c. EST. PLANNING COST \$
8. DATE FACILITY CONSTRUCTED		d. TOTAL FUNDS REQUESTED \$
9. IS FACILITY ON AN APPROVED BASIC FACILITY REQUIREMENTS LIST? IF "NO," how was need determined? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. IS PROJECT LISTED ON ANNUAL INSPECTION SUMMARY? If answer is "NO", and AIS is applicable, explain exclusion. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.		
11. DESCRIBE CONDITION TO BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSES SOLUTION. Attach additional description if necessary, ONE PAGE ONLY.		
12. WHY IS THE PROPOSED SOLUTION BEST - AND WHAT ALTERNATIVES WERE CONSIDERED?		
13. WERE ANY NON-NAVY EXPERTS INVITED TO REVIEW THIS PROBLEM AND THIS SOLUTION? Explain effect on solution.  a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO		
14. HAS EFD DESIGN DIVISION REVIEWED SOLUTION? a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO	15. CAN ANOTHER FACILITY BE ECONOMICALLY ADAPTED FOR THIS FUNCTION? a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO	
*16. CAN PROJECT BE FUNDED IN PHASES? How? How many? a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO		
*17. THIS PROJECT IS THE RESULT OF a. <input type="checkbox"/> INADEQUATE MAINTENANCE    b. <input type="checkbox"/> FACILITY AGE    c. <input type="checkbox"/> DEFICIENT CONSTR.    d. <input type="checkbox"/> DEFICIENT DESIGN    e. <input type="checkbox"/> OTHER: _____		
*18. HAS THIS SPECIFIC PROBLEM BEEN CORRECTED PREVIOUSLY? a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO    When? _____		
HOW LONG WILL PROPOSED CORRECTIVE ACTION LAST? _____		YEARS

19. ARE COMPONENTS BEING INCREASED IN SIZE OR CAPACITY? Explain the difference, including cost.

a.  YES b.  NO

20. ARE MATERIALS PROPOSED FOR USE THE SAME AS THOSE EXISTING? If "NO," explain the difference, including cost.

a.  YES b.  NO

21. PROJECT IS PLANNED TO BE ACCOMPLISHED BY

a.  STATION LABOR b.  CONTRACT

22. HAS A PROJECT EVER BEEN SUBMITTED FOR THE REPLACEMENT OF THIS OR SIMILAR FACILITIES? Check and explain, if "YES."

a.  YES b.  NO When?

23. ANTICIPATED SAVINGS IF PROJECT IS DONE THIS YEAR AS COMPARED TO A DEFERRAL OF ONE YEAR.

PROBABLE INCREASE IN PROJECT COST FOR ANY JUSTIFIABLE REASON

REDUCTION IN CURRENT MAINT. COST

REDUCTION IN CURRENT OPERATIONS COST

\$

\$

\$

JUSTIFY ANY SAVINGS INDICATED

WHAT IS PAY BACK PERIOD OF PROJECT? (In years)

WILL ACCOMPLISHMENT GENERATE REQUIREMENTS FOR ADDITIONAL M&O FUNDS OR PERSONNEL?

a.  NO b.  YES Est. Ann.

24. WHAT WOULD BE THE EFFECT OF DEFERRING THE PROJECT ONE YEAR?

\*25. IF THE PROJECT IS NOT ACCOMPLISHED NOW, IN HOW MANY YEARS WILL THERE BE SERIOUS DAMAGE TO THE FACILITY AND/OR ITS CONTENTS OR IMPAIRMENT TO ESSENTIAL OPERATIONS? Explain, include loss value to facility and/or contents.

YEARS BEFORE SERIOUS DAMAGE OCCURS \_\_\_\_\_.

\*26. HAS THE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED A LARGE FACILITY SYSTEM OPERATION? Explain.

a.  YE b.  NO

BY HOW MUCH? \_\_\_\_\_ %

27. ARE THERE ANY OTHER FACTORS INVOLVED? Check and explain.

a.  MORALE b.  HEALTH c.  PUBLIC RELATIONS d.  SAFETY e.  FIRE PROTECTION f.  SECURITY g.  OTHER

28. CERTIFICATION BY REASONABLE OFFICER AT ACTIVITY: I am personally cognizant of the need for, the essentiality of, and the proposed method of accomplishment of this project and certify that the above information is correct, and that this project meets all criteria specified in OPNAVINST 11010.20 and subsequent changes thereto.

SIGNATURE	TITLE	DATE

29. EFD TECHNICAL VALIDATION (if required) (see para 7303, OPNAVINST 11010.20C)

SIGNATURE	TITLE	DATE

ENCLOSURES:

a.  ENGINEERING EST. (NAVFAC 2417) b.  LOCATION PLAN(S) c.  DRAWINGS d.  PHOTOGRAPHS

\*NOT applicable to Minor Construction, Alterations, or Equipment Installation