

INSTRUCTIONS FOR COMPLETION AND SUBMITTAL
OF THE MAJOR NONAPPROPRIATED FUND
REPAIR CAT B NOMINATION

The following instructions governs the submittal, validation and approval process for a Major Repair CAT B project. CNIC CIB approval is required for CAT B projects **greater than \$1M**. Nomination forms are required for submission in the Program Year (year 1), of the 10-year Integrated Priority List (IPL).

Nominations for Major Repair CAT B projects are required to be submitted to N944 during the annual NAF Report submission no later than 30 April for assessment of the project's viability and CNIC CIB approval. Nominations will **ONLY** be accepted from the Region N9, N92 or their designated representative and will **NOT** be accepted directly from the Installation/Activity.

Nominations received without all signatures will be returned without action.

E-mail transmission shall be sent to the following mailbox: MILL_MWR_NAFProjects@navy.mil or directly to the Capital Requirements Coordinator Eric Gaines email: duncan.e.gaines.naf@us.navy.mil

Development procedures:

Step 1: Installation MWR Program Manager identifies requirement or need in coordination with the Region N944 Project Manager. Region/Installation MWR coordinate with Installation's Public Works Office to verify their support of the project.

Step 2: Installation MWR Program Manager will forward to the Region N92 / N9 for initial endorsement of the project scope and cost and inclusion in the 10-year Integrated Priority List (IPL).

Step 3: Region shall engage the CNIC Headquarter Project Manager N944 PM assigned/deployed to the Region to visit the site to access the existing facility. The N944 PM will then provide a facility analysis along with recommendations for alternatives to the proposed.

Step 4: Region submits the project to N944 via the Region N944 PM using the Major CAT B Repair Nomination for CNIC CIB approval. Financial data for the appropriate cost centers must be as recorded in SAP for the last two full fiscal years.

Step 5: The N944 CRC will review information submitted, as well as engage the CNIC N92 Program Manager, to verify CNIC N92 program support. N944 will provide findings of the determination to the CNIC CIB for approval.

Step 6: After conclusion of the CNIC CIB, projects are forwarded to the MWR/NEX BOD for final approval. CNIC CIB will determine the project execution agency using N944, Regional Maintenance Team / Work Crew or NAVFAC.

Major Repair Nomination Form Completion Instructions:

Installation: NAS Example, NB Example, NS Example

Building Number:

Project Title: Provide a concise and accurate title for the proposed project and quantify where possible (i.e. RV Park Expansion 12 Full-service Sites: Renovate 20 Beach Cottages, Repair Marina 20 Slips, Renovate Bowling Center, etc.).

Region: Insert Navy Region Example

1. Company Code / Cost Center(s): Insert all applicable cost centers associated with the project.

2a. Provide the Statement of Need. A clear and concise explanation of “why” the project is needed.

2b. Provide the project background. Historical summary of the project issues, previous repairs, level of effort or continued degradation. When applicable, address level of effort to address repairs with appropriated funds.

2c. Project Scope Detail Description. Quantify to the greatest extent possible. Provide an accurate and comprehensive description of the proposed project. The information needs to be so “clear” that an individual not familiar with the project or current operations can fully understand the project. The description shall include whether the project is new construction or repair/renovation of an existing facility or equipment. It should also include information about the size of the new facility being constructed or information about the size and condition of the existing facility if it is a repair/renovation project. This is an extremely important part of the submittal and justification in support of the size (sq. ft.) of the proposed facility often requires more explanation to fully convey the need in a clear and logical format. If the proposed project has several Program functions included, provide a description (attach additional sheets as needed) of each function. Photos of the existing building(s) and/or the proposed site are also encouraged to help provide a clear understanding of the proposed project.

3. Total Investment: Provide the total required investment amount for the project including any costs for construction, repair, design, RFP preparation, collateral equipment, SIOH, PCAS, etc.

4. Historical Financial Performance: Provide the requested existing financial information (revenue, expenses, profit/loss and net cash flow) for the existing facility (if applicable) for the previous 2 full fiscal years as recorded in SAP. Where applicable, pull the information for all activities and departments cost centers being consolidated as part of the new project. The following table shows the yearly summarized operations statement generated in SAP for a MWR activity.

		CURRENT MONTH					YEAR TO DATE				
REVENUES:		PLAN	%	ACTUAL	%	PFY	YTD PLAN	%	YTD ACTUAL	%	PFY
501000 PROGRAM REVENUE											227-
501001 ROOM REVENUE		15,375	53.49	18,947	77.76	22,800	184,500	93.24	201,928	97.39	208,871
PROGRAM REVENUE		15,375	53.49	18,947	77.76	22,800	184,500	93.24	201,928	97.39	208,644
562000 CENTRAL FUND-OPERATING GRANTS						15,079					15,079
564000 OTHER OPERATING GRANTS		13,367	46.51	5,418	22.24		13,367	6.76	5,418	2.61	
571000 COMMERCIAL SPONSORSHIP REVENUE											3,019
OTHER REVENUE		13,367	46.51	5,418	22.24	15,079	13,367	6.76	5,418	2.61	18,098
TOTAL REVENUE:		28,742	100.00	24,365	100.00	37,878	197,867	100.00	207,345	100.00	226,741
601000 SALARIES & WAGES		1,680	5.85			1,360	20,800	10.51	13,328	6.43	19,528
603000 BONUS/INCENTIVE									74	0.04	541
604000 PAYROLL OVERTIME EXPENSE											
621000 EMPLOYER'S SHARE OF FICA		129	0.45			104	1,594	0.81	1,025	0.49	1,417
SALARIES & BENEFITS		1,809	6.29			1,464	22,394	11.32	14,427	6.96	21,486
687000 SMALLWARES		50	0.17				600	0.30	1,916	0.92	2,602
701000 SUPPLIES		833	2.90				10,000	5.05	6,954	3.35	9,412
SUPPLIES		883	3.07				10,600	5.36	8,870	4.28	12,014
763000 DEPR EXP FF&E		1,477	5.14				17,724	8.96			
DEPRECIATION-LOCAL		1,477	5.14				17,724	8.96			
681000 REPAIRS & MAINT VEHICLES							2,000	1.01			
MAINTENANCE							2,000	1.01			
641000 UTILITIES		5,586	19.44	3,489	14.32	6,878	50,069	25.30	44,939	21.67	60,765
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781000 ADVERTISING & PROMOTION		50	0.17				600	0.30			
ADVERTISING & PROMOTION		50	0.17				600	0.30			
633000 WORKERS COMP INSURANCE COST		40	0.14			30	496	0.25	322	0.16	468
634000 UNEMPLOYMENT INSURANCE COST		18	0.06			14	226	0.11	148	0.07	215
ALLOCATION EMPLOYEE BENEFITS COST		58	0.20			44	722	0.36	470	0.23	683
661000 TELEPHONE & POSTAGE		100	0.35	100	0.41	30	1,200	0.61	1,082	0.52	575
784000 CREDIT CARD SALES EXPENSE		1,200	4.18	931	3.82	1,301	14,295	7.22	14,418	6.95	14,652
799000 MISCELLANEOUS EXPENSE									92	0.04	
OTHER EXPENSE		1,300	4.52	1,031	4.23	1,331	15,495	7.83	15,592	7.52	15,227
SUBTOTAL NAF EXP. EXCL. UFM OFFSET		11,163	38.84	4,520	18.55	9,717	119,604	60.45	84,298	40.66	110,174
TOTAL NAF EXP. INCL. UFM OFFSET		11,163	38.84	4,520	18.55	9,717	119,604	60.45	84,298	40.66	110,174
OPERATIONS BEFORE NET DIVIDEND		17,579	61.16	19,845	81.45	28,161	78,263	39.55	123,047	59.34	116,567
NET PROFIT/LOSS		17,579	61.16	19,845	81.45	28,161	78,263	39.55	123,047	59.34	116,567
NET CASH FLOW FROM OPERATIONS		19,056	66.30	19,845	81.45	28,161	95,987	48.51	123,047	59.34	116,567

The following instructions further explain the information requested in the Nomination as well as show where, on the SAP report, that the information is located.

- Annual Revenue:** Provide the amounts for the activity for the previous 2 years of operation. These amounts are located in the SAP report, on the line titled "Total Revenue", as indicated in the example above.
 - Annual Expenses:** Provide the amounts for the activity for the previous 2 years of operation. These amounts are located in the SAP report, on the line titled "Total NAF Exp. Incl. UFM Offset", as indicated in the example above.
 - Annual Profit/Loss:** Provide the amounts for the activity for the previous 2 years of operation. These amounts are located in the SAP report, on the line titled "Net Profit/Loss", as indicated in the example above.
 - Annual Net Cash Flow:** Provide the amounts for the activity for the previous 2 years of operation. These amounts are located in the SAP report, on the line titled "Net Cash Flow from Operations", as indicated in the example above.
- Benefit/Risk:** Provide the direct impact on quality of work / quality of service to the warfighter and family. Provide the current facility Condition Index (CI) category (Good, Fair, Poor or Failing). Briefly describe benefit of the project or consequences of not executing or deferring the project. Include things such as lack of similar services off base, cost savings, Quality of Service, increased revenue generating capacity, ability to maintain existing revenue, etc.
 - Date of Site Approval:** Provide date of Site Approval and include copy with submittal if possible. If Site Approval has not been received, provide current status and anticipated date of approval. If Site Approval is not required, provide email from PWO stating site approval is not required.
 - NEPA:** Provide date of NEPA clearance and include copy with submittal if possible. If NEPA clearance has not been issued, provide status and anticipated date of receipt.

8. **Signatures and Coordination:** Provide the requested signatures and other contact information. **The signatures of the Installation and Region POC/Submitter are both required. If the Minor NAFCON – Repair Nomination is received without both signatures it will be returned without action.** While the signature of the Installation Public Works Officer (PWO) is not required, coordination is necessary to ensure the PWOs support of the project.

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