

Instructions for Completing CNREURAFCENT 3100/1 (Rev. 1/20) Support and Space Utilization Form (SSURF)

- Select the correct classification for this request.
- Indicate if your organization is requesting funding from CNREURAFCENT. If so, complete Section g. in addition to the SSURF.

1. Self-Explanatory.

2. List organization of the requesting entity.

3. If this request is part of a MILCON or other program or mission, list it here.

4. Self-Explanatory.

5. Name of the individual completing the form.

6. Office symbol of the individual completing the form.

7. Email and phone number of the individual completing the form.

8. If this request is part of a named operation, exercise, or other order, list it here.

9. Brief summary of the reason for this request.

10. Self-Explanatory.

11a. If the location is not listed in the drop-down list, include it in the field marked "*other/contingency location*".

11b. List any site surveys planned for this request ahead of the final arrival date.

11c. Base Facility Requirements (BFR) document is specific to the US Navy and Marine Corps shore installations.

11d. Check the type of space requested and the square footage required. If requesting more than 5,000 sq. ft., the request requires adjudication at the Region Mission Integration Working Group (RMIWG).

11e. List the total number of personnel associated with this request by demographic indicators listed. In the block titled "*Accompanied personnel/families*" list the number of families NOT personnel. The total number of unaccompanied personnel does not account for family members. If the demographic break-out of personnel is unknown, indicate in 11f.

11f. List any additional comments or items not listed in Section 11 here.

12. Indicate the nature of this workload requirement to the installation.

13. Indicate if your organization has funding available to configure the space to your needs, including utilities and maintenance services.

14a. This section provides input to the base on the quality of life services required for arriving personnel.

14b1. Selecting "*NO*" voids the section on air operations; selecting "*YES*" will restore options.

14b2-5. Self-Explanatory.

14b6. Under "*Operating Hours*" indicate the time frame for operations if known (i.e. 15:00-22:00).

14b7-15. Self-Explanatory

14c1. Selecting "*NO*" voids the section on port operations; selecting "*YES*" will restore options.

14c2-9. Self-Explanatory

14d. Self-Explanatory

14e. Self-Explanatory

14f. This section lists the core requirements associated with Base Operating Support services. Please list in comments any services required, but not captured in the standard requirements menu.

14g. This section is used only requester selects "*YES*" to question at top of page 1 asking about CNREURAFCENT funding. If "*NO*" was selected, this section is void.

15a. For requests less than one year in duration, this endorsement requires an O4/GS13 or higher signature. For requests greater than one year, this endorsement requires an O7-GS15 or higher signature.

15b-f. Please remember to include date, name, position title, and response prior to signature.

CNREURAFCENT Support and Space Utilization Request Form (SSURF)

CLASSIFICATION:

INFORMATION TO BE COMPLETED BY THE REQUESTING ORGANIZATION: THIS FORM IS DESIGNED TO DEFINE ALL INSTALLATION SUPPORT REQUESTS REGARDLESS OF DURATION OR INSTALLATION. IF AGGREGATE OF INFORMATION IS ABOVE UNCLASSIFIED, PLEASE SEND TO CNREURAFCENT-GATEKEEPER@eu.navy.smil.mil WITH A CLASSIFICATION GUIDE. UNCLASSIFIED FORMS SHOULD BE EMAILED TO CNREURAFCENT-GATEKEEPER@eu.navy.mil					
DOES THIS REQUEST REQUIRE FUNDING FROM CNREURAFCENT? (If yes, complete Section g. on page 3 in addition to SSURF) YES NO					
1. DATE OF REQUEST		2. ORGANIZATION		3. PROGRAM/MISSION TITLE	
5. ACTION OFFICER/POC NAME		6. POC OFFICE SYMBOL		7. ACTION OFFICE/POC CONTACT INFO (EMAIL/PHONE)	
8. MISSION (TASKORD/EXERCISE/etc.)			9. SUMMARY OF REQUESTED SUPPORT		
10. PROPOSED DURATION OF SUPPORT					
Permanent/Enduring (greater than one year)		Long-Term (91 days to one year)		Temporary (90 days or less)	
Intermittent (Explain)					
11. REQUIREMENTS (Separate request is required for each location)					
a. Requested Location:			Other/Contingency Location:		ARRIVAL DATE:
					DEPARTURE DATE:
b. Pre-deployment Site Survey (PDSS) Planned? (Please provide dates)			c. Basic Facility Requirements (BFR) Document Completed? (attach for reference)		
YES	NO	START:	END:	N/A	YES NO
d. Space Required:					
Administrative: Office, administrative support, libraries, conference room, training spaces, etc.					SqFt:
Storage: Warehouse and other storage areas not directly supporting tech/test/lab or administrative					SqFt:
Industrial: Spaces supporting tech/test/lab maintenance operations, including shop areas, equipment & (direct) material support, production supervision, break rooms, lockers, etc.					SqFt:
e. Total Number of Personnel:					
# Female Officer:	# Female E7-E9:	# Female E5-E6:	# Female E4 & Below:	# Female Civilian:	# Female Contractor:
# Male Officer:	# Male E7-E9:	# Male E5-E6:	# Male E4 & Below:	# Male Civilian:	# Male Contractor:
# Accompanied personnel/families:					TOTAL UNACCOMPANIED PERSONNEL:
f. Comments/Explanation					
12. IS THIS WORKLOAD REQUIREMENT NEW TO THE HOST INSTALLATION/CSL? (Select all boxes that apply and provide additional explanation as required)					
Expansion of existing requirement?		Relocation from other location?		New workload to USN?	
Transfer from off-base?		Non-USN requirement?		Other? (Explain)	
Where is the current workload located? (Provide a drawing showing the exact location)					
What will become of the area that is being vacated?					
What facilities/buildings do you currently have assigned? How many personnel do you currently have assigned to include military, civilian, and contractor?					
13. FUNDING AVAILABILITY. Space is typically assigned in as-is condition; if any modifications, reconfigurations, or furniture/equipment are necessary, it is the responsibility of the assignee to provide the required funding. If the requesting organization does not have access to the funding to move into an area immediately upon space assignment, their request may be deferred or denied.					
If space can be assigned to support this requirement, does your organization have sufficient funds to configure the area as needed? YES NO					
Is funding available to cover all applicable utilities and maintenance services? YES NO					
14. REQUIREMENTS BY MISSION AREA					
a. QUALITY OF LIFE					
1. Transient Qtrs?		2. Unaccompanied Housing/Barracks?		3. Family housing?	
4. Galley/Food Court Services?		5. Fitness Services?		6. Child Care Services?	
YES	NO	YES	NO	YES	NO
		On-Base/Mil Family Housing:		YES	NO
		Off-Base/Community Housing :		YES	NO
7. Comments/Explanation:					

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b. AIR OPERATIONS											
1. Airfield Requirement?		2. Prior Permission Number?		3. On Deck Time/Remain Overnight?		4. Liquid Oxygen (LOX)/Nitrogen?					
YES	NO	YES	NO	YES	NO	YES	NO				
5. Aircraft Support:											
# Aircraft Supported (by Type):				# Aircraft Parking:							
6. Runway Requirements:		7. Hangar Space?		8. Ammunition Unload/Offload?		9. Hot Refueling Required?					
Operating Hours:		YES		NO	YES		NO				
Runway Length:		SCIF space:		CALA:		10. Number Aircraft Sorties per Day:					
Instrument Approach:		Climate Controlled Space:		Material Handling Equipment:		11. Aircraft Intermediate Maintenance Rqmts:					
Air Traffic Control:		Ready Service Locator (RSL):		K-Loader:		Type of Maintenance:					
Arresting Gear:		Material Handling Equipment:		Ordnance Handling:		Number of Aircraft:					
Lighting:				Other:		HAZMAT Requirement: YES	NO				
12. Ground Support Equipment (GSE):											
Passenger Wastewater Disposal:		Arresting Gear:	Line Follow Me:	Electrical Power:	Lavatory Service:	A/C:					
Lighting:		Wash-Rinse:	Air Stairs:	Tow Bar:	Potable Water:	Tugs:					
13. Air Terminal Passenger and Cargo Requirements:				14. Refueling Service Requirements:							
AMC Passenger Throughput (# of personnel per day):				Fuel Type:							
AMC Cargo Loading (STons/Day):				Volume (gals or lbs):							
Customs: Cargo Includes HAZMAT:				Expected Refueling Frequency:							
15. Comments/Explanation:											
c. PORT OPERATIONS											
1. Port Requirement?		2. Berthing Space?		3. # Berth Days?	4. Boat Ramp?	5. Roll-on/Roll-off Capability?	6. Refueling Service Requirements:				
YES	NO	YES	NO	YES	NO	YES	NO	Fuel Type:			
7. Shore Connections Requested:							# of Gallons:				
Potable Water Connections:		In-port refueling capability:		CHT Offload Capacity:			Expected Refueling Frequency:				
Wastewater Disposal:		Oily Water Disposal:		IT/ADNS Connection:			8. Ammunition Onload/Offload Capability Required?				
Shore Power:		SIPR:					YES	NO			
9. Comments/Explanation:											
d. SAFETY											
1. Fire/Rescue Requirements?		2. HAZMAT/HAZWASTE Storage?			3. HAZMAT/HAZWASTE Storage Capacity						
YES	NO	YES			NO	SqFt					
4. HAZMAT/HAZWASTE Disposal? (If yes to questions 2-4, provide Environmental Officer POC information and state SqFt/Gal in comments)											
YES	NO	Date of removal:		Name:		Email & Phone:					
Regulated Medical Waste:		Foreign Waste:	Industrial Wastewater:	Passenger Waste-water:	Low-Level Radiocative Waste:						
5. Comments/Explanation:											
e. SECURITY											
1. Antiterrorism/Force Protection Rqmts (i.e. IATP, ISOPREP)?			2. Port Security Rqmts (i.e. Port/Harbor Security Barrier)?		3. Airfield/Aircraft Security Rqmts?						
YES			NO	YES		NO	YES		NO		
4. Land Security Rqmts (i.e. MWD Explosive/Drug Patrol)?			5. Off-installation Security Rqmts (i.e. Escort, Arm & Ammo, etc.)?		6. Weapons Storage Space?						
YES			NO	YES		NO	YES		NO	SqFt	
7. Ordnance Handling Equipment?			8. Ammunition Storage Space?		9. Small/Long Arms Range?						
YES			NO	YES		NO	SqFt		YES		NO
10. Comments/Explanation:											

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f. CORE												
1. Core Requirements:												
Potable Water:	NIPR Connectivity:	SIPR Connectivity:	Mobile Generator:	Non-Potable Water:	Material Handlind Equipment (MHE):	Vehicle Fuel:	Laydown Space:	Electrical Capacity:	Covered Warehouse Space:	Crane Support:	Alternative Transportation:	Climate Controlled Warehouse Space:
2. RF Transmissions (explain in comments)			3. Maintenance Requirements			4. Vehicle Requirements			5. LOGREQ Received?			
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO			
6. Comments/Explanation:												
g. CL/CSL FUNDING (click YES at top of pg.1 to display) <i>(complete only if funding is required from CNREURAFCENT)</i> REQUIRED FOR ALL CONTINGENCY LOCATION (CL) FUNDING REQUESTS; SUBMIT WITH CORRESPONDING SSURF AND ANY NECESSARY ENCLOSURES												
1. Details of Request					2. Explanation of Requirement (Include description and scope of work)							
New Request: Amendment:												
If amendment, existing funding document number:												
3. Cost Breakout					4. Environmental Information							
		CURRENTLY AUTHORIZED	AMOUNT REQUESTED	TOTAL	a. Wastewater Accumulation and Disposal Requirement?							
TRAVEL					YES NO							
MATERIAL					b. HAZMAT/HAZWASTE storage required?							
CONTRACT/MIPR					YES NO							
OTHER					c. HAZMAT/HAZWASTE Disposal Required?							
TOTAL					YES NO							
5. Cost Details												
a. Travel (N/A if \$0 Travel Requested; Enclosure 3 Required):					b. Material (N/A if \$0 Material Requested):							
# of Personnel: Location:					Vendor/Supplier:							
Trip Dates: TO					Point of Contact Name:							
Travel Authorization Completed: YES NO					Email: Phone:							
					Common User Logistics? YES NO							
6. Contract MIPR (N/A if \$0 Contracts Requested):												
Contracting Agent:	NAVSUP FLC:	NAVFAC:	SPAWAR:	DLA:	GSA:	OTHER:	Expected Award Date:					
							Period of Performance:		TO			
Contracting Office Name:				Email:			Phone:					
15. ENDORSEMENTS												
a. REQUESTING OFFICIAL:								DATE:				
Name:				Signature:								
Position:												
b. INSTALLATION REMARKS/COMMENTS:												
INSTALLATION RESPONSE:												
		SUPPORTABLE		SUPPORTABLE WITH CAVEATS		UNSUPPORTABLE		DATE:				
Name:				Signature:								
Position:												
c. COMPONENT RESPONSE:				VALID OPERATIONAL REQUIREMENT		INVALID REQUIREMENT		DATE:				
Name:				Signature:								
Position:												
d. BUDGET OFFICER: (required only when Section g. is completed)				RECOMMEND FUNDING		RECOMMEND WITHOLD FUNDING		DATE:				
Name:				Signature:								
Position:												
e. OFFICE of GENERAL COUNCIL: (as required)				CONCUR		NON-CONCUR		DATE:				
Name:				Signature:								
Position:												
f. CNREURAFCENT OFFICIAL:				APPROVED		DENIED		DATE:				
Name:				Signature:								
Position:												