

HOST NATION FUNDED PROJECT DOCUMENTATION

受入国負担計画

1. DATE 日付	2A. PROJECT # 計画番号	2B. CAT 類別	3. PROJECT TITLE 計画名
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11. PROJECT JUSTIFICATION 計画使用目的
 A. REQUIREMENT: 所要

11. PROJECT JUSTIFICATION 計画使用目的
 B. CURRENT SITUATION: 現状

11. PROJECT JUSTIFICATION 計画使用目的
 C. IMPACT IF PROJECT IS NOT PROVIDED: 実施されない場合の影響

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12. SCPOE JUSTIFICATION AND CALCULATIONS. (MUST AGREE WITH BLOCKS 6 & 9)
 規模の根拠及び見積もり。(根拠及び見積もりは、6と9の各項の規模と合致すること)

DOD CRITERIA USED. (MIL-HDBK-1190): 米国防省基準使用

SERVICE CRITERIA USED IN ABSENCE OF DOD CRITERIA: 米国防省基準不用の場合、各軍の基準使用

LIST REFERENCE DOCUMENTS. SUBMIT PERTINENT ATTACHMENTS TO THIS FORM.
 参考文書を明記。参考文書の抜粋を添付すること。

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13. IF RECONSTRUCTION/RELOCATION/SITE CLEARANCE CONSTRUCTION, LIST QUID. THESE BUILDINGS WILL BE DEMOLISHED! TOTAL QUID (GROSS AREA, SM) MUST EQUAL OR EXCEED THE SCOPE IN BLOCKS 6 AND 9.
 改築、移設、又は、更地化工事の場合は、工事の面積を明記。これらの建物は、取り壊されるものとする。各工事の面積の合計は6及び9欄に記載の規模を越えるか又は同等でなければならない。

建物番号 BUILDING #	建設年 YEAR CONSTRUCTED	建物の形式 CONSTRUCTION TYPE	資金源 FUND SOURCE	類別符号 CAT CODE(S)	総面積、平方メートル GROSS AREAS, SM

14. IS DEMOLITION OF ANY EXISTING NON-QUID, SITE-IMPEDING BUILDINGS REQUIRED? YES 要 NO 否
 IF YES, LIST BUILDINGS. DO NOT LIST ANY QUID BUILDINGS FROM BLOCK 13.
 工事に支障があるために取り壊す必要のある建物があるかどうか。要の場合は取り壊す建物を表記する。13欄の建物は表記しないこと。

建物番号 BUILDING #	建設年 YEAR CONSTRUCTED	建物の形式 CONSTRUCTION TYPE	資金源 FUND SOURCE	類別符号 CAT CODE(S)	総面積、平方メートル GROSS AREAS, SM

* DUE TO THE AGE AND CONSTRUCTION TECHNIQUES UTILIZED DURING THE FACILITY'S ORIGINAL CONSTRUCTION, ASBESTOS OR OTHER HAZARDOUS MATERIALS MAY BE PRESENT. EACH FACILITY MARKED WITH AN "*" SHOULD BE TESTED FOR THE PRESENCE OF ASBESTOS PRIOR TO DEMOLITION. IF TESTING IS POSITIVE, APPROPRIATE SAFETY MEASURES SHOULD BE TAKEN FOR ASBESTOS REMOVAL PRIOR TO FACILITY DEMOLIITION.

15. IS PREVIOUSLY AGREED TO DDD SUITABLE FOR THIS PROJECT? 既に合意済みの基本図は本計画に適しているか。 YES 適 NO 否
 IF YES, IDENTIFY DDD: 適している場合は基本図を示す。

HOST NATION FUNDED PROJECT DOCUMENTATION (CONTINUATION SHEET) 受入国負担計画 (続き)

1. DATE 日付

2A. PROJECT # 計画番号

2B. CAT 類別

3. PROJECT TITLE 計画名

(CONTINUED FROM BLOCK _____): _____ 欄の続き

FOR OFFICIAL USE ONLY (WHEN FILLED IN)

1. DATE	2a. PROJECT#	2b. CAT	3. PROJECT TITLE			
FIP PROJECT CHECKLIST				YES	NO	N/A
a. All applicable Installation Security and Force Protection requirements have been considered in the siting, scoping, and orientation of the facility.						
b. Site plan is attached.						
c. Site approval is attached. (Note shadow restrictions on Form 22 Sup, Block 6)						
d. Waiver required. (Airfield Clearance, etc.)						
e. If waiver is required, approval of waiver is attached.						
f. DDESB approval is required.						
g. If DDESB approval is required, approval is attached.						
h. Single line floor plan is attached.						
i. Overall building dimensions are shown.						
j. All rooms are labeled.						
k. Floor plan dimensions agree with Blocks 6, 9, 10 and 12.						
l. Attachments , referenced in Block 12, are legible and included with Form 22.						
m. Items in Blocks 6, 9, 10 and 12 agree.						
n. Block 12 adequately justifies the scope.						
o. Demolition in Blocks 13 and 14 agree with Blocks 9 and 10.						
p. Changes to Category Code(s) of existing assets are required.						
q. If Category Code changes are required, approval & justification is attached.						
r. If Reconstruction, Quid is listed in Block 13 only .						
s. Scope includes mechanical space.						
t. Site or technical problems. If YES, describe in the Remarks section below.						
u. Existing utilities are adequate to support the project.						
v. If NO, does the Form 22 address upgrade of the utilities.						
w. The AT/FP Checklist (Appendix 19) was completed and is on file.						
x. The need for Handicap Requirements/Accessibility are addressed & justified.						
REMARKS:						