



2. RAB is not needed. Circle the primary reason the RAB is not needed using one of the listed codes:

- A Installation located in remote area, no affected community
- B Installation Commander has determined that a RAB is not needed
- C No sufficient, sustained interest in a RAB has been expressed by the community**
- D Lack of outstanding issues or activities does not warrant establishment of a RAB
- E Installation or tenant activity is supported by another RAB
- F Navy does not have the cleanup lead
- G Installation has not attempted to establish a RAB

If a RAB has not been established, indicate whether there is an active TRC. Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate date of last community interest poll: \_\_\_\_\_

3. Indicate RAB community representation from the following segments of the community. Circle all that apply:

- A Local residents/community members
- B Installation residents
- C Local environmental groups/activists
- D Business community
- E Low income and minority
- F Local government officials
- G Other (Describe) \_\_\_\_\_

4. Has the RAB done the following? Circle all that apply:

- A Reviewed plans and technical documents
- B Provided comments or advice
- C Received training
- D Established operating procedures
- E Participated in or reviewed site relative risk evaluations
- F Provided advice that affected scope or schedule of studies/cleanup
- G Improved installation credibility
- H Established partnerships among stakeholders
- I Developed "how to" information or lessons learned

5. In what areas has your RAB provided advice? Circle all that apply:

- A Scope of studies
- B Work plan priorities
- C Site priorities
- D Relative risk evaluation
- E Remedy selection
- F Study or cleanup schedule
- G Future land use
- H Other Describe) \_\_\_\_\_

6. Indicate the funds expended on RABs during FY 2005. RAB funding includes those expenses which are directly related to the operation of the RAB such as; RAB establishment, member selection costs, training, meeting announcements, meeting logistics, facilitators, preparation of meeting agendas, minutes and materials, and document reproduction for RAB members. **Do not include general community involvement expenses such as preparation of fact sheets or other information materials for public distribution, mailings or repository costs.** Include contractor expenses only for RAB administration; do not include salaries or travel costs for DON personnel.

Funds expended on RAB support during FY 2005:

By Activity \$\_\_\_\_\_ By EFD/EFA \$\_\_\_\_\_

Anticipated expenditures for RAB support during FY 2006:

By Activity \$\_\_\_\_\_ By EFD/EFA \$\_\_\_\_\_

7. Indicate the number of RAB meetings held during FY 2005 \_\_ and anticipated during FY 2006 \_\_\_\_.

8. Amount of independent technical assistance funds provided to communities for FY 2005 and anticipated FY 2006 TAPP assistance. Only report Technical Assistance for Public Participation (TAPP) funding.

\$\_\_\_\_\_   
 FY 2005 Actuals

\$\_\_\_\_\_   
 FY 2006 Estimate

9. Provide the name, address, phone number, fax number and internet address of the Navy/Marine Corps RAB co-chair:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: Commercial \_\_\_\_\_ DSN \_\_\_\_\_

Fax: \_\_\_\_\_

Internet Address \_\_\_\_\_

10. Provide a point of contact to obtain further information on RABs.

Installation POC:

EFD/EFA/Caretaker POC:

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:  
Commercial \_\_\_\_\_

Phone:  
Commercial \_\_\_\_\_

DSN \_\_\_\_\_

DSN \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Internet  
Address \_\_\_\_\_

Internet  
Address \_\_\_\_\_

**COMMUNITY CO-CHAIR INFORMATION**

Date: \_\_\_\_\_

Please have your RAB community co-chair provide the following information and sign (optional) this form, returning it as part of the annual RAB reporting requirements. If the community co-chair authorizes release of this information he/she must indicate their permission by checking the appropriate box and providing their signature. This information is used to develop mailing lists to facilitate dissemination of RAB information.

Installation: \_\_\_\_\_

Community Co-Chair Name: \_\_\_\_\_

Community Co-Chair Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Community Co-Chair Phone No. \_\_\_\_\_

Community Co-Chair Fax No. ( ) \_\_\_\_\_

Community Co-Chair Internet/Email Address:

\_\_\_\_\_

Date Term Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Indefinite   
Month Day Year

I, \_\_\_\_\_, give the Department of  
(Signature of RAB Community Co-Chair)  
Defense permission to publish the information I provided  
above in the *Directory of Restoration Advisory Boards (RAB)*.

I, \_\_\_\_\_, **do not** give the  
(Signature of RAB Community Co-Chair)  
Department of Defense permission to publish the information  
I provided above in the *Directory of Restoration Advisory  
Boards (RAB)*.

**Privacy Act Statement:** Personal information gathered from these forms will be included in a publicly available directory listing names, addresses, and phone numbers of restoration advisory board (RAB) co-chairs. Signing this form in the space indicated grants explicit permission to use your personal information in a directory that will become public information. Providing this information is voluntary.