



**DOD ARMED SERVICES YMCA INITIATIVE
MILITARY OUTREACH INITIATIVE**



INDEPENDENT DUTY STATION – COMMAND FORM

INSTRUCTIONS: See “Program Instructions and Requirements” for additional information.

COMMAND USE ONLY: (1) to certify a NEW Independent Duty Station (IDS); (2) to designate a new or change the existing YMCA and/or Private Fitness to be used by all personnel and dependents assigned to the IDS; (3) to request an exception for additional facilities to support the IDS. Please do not submit this form with each membership application.

- Maximum of one YMCA and one private fitness facility per IDS. If facility provides local or nationwide access at no additional cost to the government, members may use participating locations; however, for liability and contract payment purposes, **members must** list the unit-designated facility name and address on their application form.
- Exceptions for additional fitness facilities to support a single IDS location will be considered on a case-by-case basis and require strong justification. Submit request on Service letterhead signed by the Command/Office in Charge with a copy of this form completed for EACH additional facility required.

Email completed form to appropriate Military Component Approving Official (MCAO) org box

Section 1

Status (Select ALL that apply): Establish New IDS Designate Facility Exception Request (memo atch.)

Command Name: _____

CMD Address: _____

CMD POC: _____ **CMD POC Phone:** _____

CMD POC Duty Email: _____

IDS Unit Name: _____ **IDS Phone:** _____

IDS Physical Address: _____

Section 2

Facility Designation (Select One): New IDS Facility Change Designated Facility Request Exception Facility

YMCA Name: _____

Street Address: _____

Private Fitness Name: _____

Street Address: _____

Commanding Officer/Officer in Charge: *I certify the specified physical address is an establish Independent Duty Station (IDS) and that the command/unit does not pay for fitness memberships or have access to a free or Service-provided fitness facility at or near the IDS. I understand that all assigned personnel choosing to participate must use a unit-designated facility, must comply with the mandatory attendance to be eligible for renewal, and they must accept personal responsibility for payment of any excess monthly membership fee if the designated facility exceeds the government contract rate cap (\$50 single / \$70 family).*

Digital Signature: _____ **Duty Title:** _____

Duty Email: _____ **Duty Phone:** _____

MCAO Verification: IDS Registered Facility count within limit (1/1)

Digital Signature/Date: _____

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