



**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 (\$55 single / \$77 family).*

**Digital Signature:** \_\_\_\_\_ **Duty Title:** \_\_\_\_\_

**Duty Email:** \_\_\_\_\_ **Duty Phone:** \_\_\_\_\_

**Military Component Approving Official Verification:**  IDS Registered     Facility count within limit (1/1)

**MCAO Digital Signature/Date:** \_\_\_\_\_

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