**The 2020 Supporting Statement for OMB 0596-0084**

YOUTH CONSERVATION CORPS APPLICATION & MEDICAL HISTORY

**Terms of Clearance:** There are no terms of clearance on the current OMB approval.

**A. Justification**

1. Explain the circumstances that make the col­lection of information necessary. Iden­tify any legal or administrative require­ments that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the col­lection of information.

*Statutes and Regulations:* 16 USC 1701-1706, Chapter 37 – Youth Conservation Corps and Public Lands Corps, Subchapter I – Youth Conservation Corps (Youth Conservation Corps Act of 1970 (P.L. 91-378; 84 Stat. 794) as amended in 1972 (P.L. 92-597) and in 1974 (P.L. 93-408), hereafter referred to as “the Act.”)

This information collection request is submitted on behalf of the USDA Forest Service (FS) and the Department of the Interior (DOI) Fish and Wildlife Service (F&WS) and National Park Service (NPS) to collect information from applicants to evaluate the eligibility of youths for employment with the Youth Conservation Corps (YCC) and medical history information from selected applicants to determine their ability to fully participate, and to allow the agencies to make necessary reasonable accommodations as appropriate. Under the Act, the FS and the DOI cooperate to provide seasonal employment for youths between 15 to 18 years old.

The purpose of the YCC is to further the development and maintenance of the natural and cultural resources of the United States by American youth, and in doing so, prepare the young adults of this country for the responsibility of maintaining and managing these resources for the American people. Three equally important objectives, as reflected in the Youth Conservation Corps Act, are:

* Accomplish conservation work on the land,
* Provide gainful employment for 15 through 18 year old males and females from all social, economic, ethnic, and racial classifications; and
* Develop an understanding and appreciation in participating youth for the Nation’s natural environment and heritage.

The application is collected from applicants and is evaluated by participating agencies to select candidates to the program. Youths seeking training and employment with YCC must first complete the application form FS-1800-18. Once selected for enrollment, the medical history form FS-1800-3 is completed.

* 1. Indicate how, by whom, and for what pur­pose the information is to be used. Except for a new collec­tion, indicate the actual use the agency has made of the infor­ma­tion received from the current collec­tion.

1. **What information will be collected - reported or recorded? (If there are pieces of information that are especially burdensome in the collection, a specific explanation should be provided.)**

Below in table 1 is a list of the information collected.

**Table 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **FS 1800-18--APPLICATION** |  | **FS 1800-3—MEDICAL HISTORY** |  |
| Do you have a preference for working with a particular land management agency? |  | Name |  |
| Do you have a specific land management location where you would like to work? |  | Address |  |
| Applicant Name |  | Date of birth |  |
| Gender |  | Status of health coverage |  |
| Address |  | Health Insurer and policy number |  |
| Email |  | Inventory of prior health conditions |  |
| Date of birth |  | Primary Care Physician contact information |  |
| Age |  |  |  |
| Phone 1 |  | Option to attach description of health conditions |  |
| Phone 2 |  |  |  |
| Best way & time to be reached |  | Medications and allergic reactions |  |
| What date can you start? |  | Option to attach explanation of medications and allergic reactions |  |
| Where applicant learn about YCC? |  | Immunization history |  |
| Emergency Contact Information Name | ✓ | Option to attach immunization record |  |
| Emergency Contact Information Email |  | Applicant signature and date |  |
| Emergency Contact Information Phone 1 |  | Emergency contact information |  |
| Emergency Contact Information Phone 2 |  | Alternate or preferred form of emergency contact (optional) |  |
| Relationship | ✓ | Parent/Guardian signature and date | ✓ |
| Reasonable accommodation |  | Certification of Allowance for YCC Officials to provide medication including type and dosage | ✓ |
| Felony/criminal offenses |  | Reviewing official’s signature and date |  |
| Essay Question: In 250 words or less, please explain why you want to serve as a YCC Crew Member. |  |  |  |
| Applicant and parent signatures and date | ✓ |  |  |

This information is used by federal agency staff and partners that provide oversight to or coordinate youth employment activities to evaluate and select applicants seeking seasonal employment.

The essay question concerning why the applicant is interested in YCC may be considered burdensome for some applicants, but is included to help selecting officials ascertain applicants’ willingness and ability to “*develop an understanding and appreciation for the Nation’s natural environment and heritage*”, one of the three primary objectives of the YCC Act. This question is also an effort to support youth learning objectives to improve writing skills and promote the ability to advocate for one’s application for employment without benefit of a face to face interview.

1. **From whom will the information be collected? If there are different respondent categories (e.g., loan applicant versus a bank versus an appraiser), each should be described along with the type of collection activity that applies.**

All persons aged 15-18 years seeking seasonal employment through the YCC program must complete form FS-1800-18 (YCC Application). For applicants under the age of 18, parental signatures and date are required.

Only those applicants whom have been selected for employment must complete form FS-1800-3 (Medical History). For applicants under the age of 18, parental signatures and date are required.

1. **What will this information be used for - provide ALL uses?**

Form FS-1800-18 (YCC Application) is an application form used by participating agencies to evaluate each applicant’s eligibility for and interest in employment.

Form FS-1800-3 (Medical History) provides information needed to determine the physical suitability and any special medical needs of selected applicants. This provides a record for both the participant and the agency and is collected for the safety of both the participant and other participants of the program.

1. **How will the information be collected (e.g., forms, non-forms, electronically, face-to-face, over the phone, over the Internet)? Does the respondent have multiple options for providing the information? If so, what are they?**

These forms are available electronically on a number of websites. Forms should be completed electronically and then printed or submitted electronically. The YCC site location will provide detailed application instructions on how the form should be submitted by the respondent.

Applicants are required to submit a paper copy of the completed forms with original signatures.

1. **How frequently will the information be collected?**

The program is seasonal and information is collected annually. Individuals wishing to participate must reapply each year.

1. **Will the information be shared with any other organizations inside or outside USDA or the government?**

Only participating agencies and partners who manage YCC programs on behalf of the participating agencies within the FS and the DOI will have access to the information. The participating agencies are FS and the DOI F&WS and NPS.

1. **If this is an ongoing collection, how have the collection requirements changed over time?**

Ongoing collection and no requirements changed over the last three (3) years.

1. **Describe whether, and to what extent, the collection of information involves the use of auto­mat­ed, elec­tronic, mechani­cal, or other techno­log­ical collection techniques or other forms of information technol­o­gy, e.g. permit­ting elec­tronic sub­mission of respons­es, and the basis for the decision for adopting this means of collection. Also, describe any con­sideration of using in­fo­r­m­a­t­ion technolo­gy to re­duce bur­den.**

The forms are available to potential participants at <https://youthgo.gov/> and the [USDA Forest Service YCC website](http://www.fs.fed.us/recreation/programs/ycc/). The forms may be completed electronically, printed, and then signed. Participating agencies require submittal of a paper copy with original signatures. Interested members of the public may submit an application online, but a signed (by both the applicant and a parent or guardian) hard copy of the application must be submitted along with the Medical History form if an applicant is accepted for employment.

1. **Describe efforts to identify duplica­tion. Show specifically why any sim­ilar in­for­mation already avail­able cannot be used or modified for use for the purpos­es de­scri­bed in Item 2 above.**

The use of the same forms by the FS and participating DOI agencies avoids duplication in the application process. The YCC is a unique program that is only operational on public lands within the FS and DOI F&WS and NPS with specific requirements for participation. There are no other existing application forms suitable for YCC purposes.

1. **If the collection of information im­pacts small businesses or other small entities, describe any methods used to mini­mize burden.**

This information collection has no impact on small businesses or other small entities.

1. **Describe the consequence to Federal program or policy activities if the collection is not conducted or is con­ducted less fre­quent­ly, as well as any technical or legal obstacles to reducing burden.**

This information collection is necessary to carry out this legally mandated program. The use of the FS-1800-3 (YCC Application Form) ensures uniform collection of information from potential program participants. The information collected provides participating agencies with data needed to select program participants.

The Medical History form (FS-1800-18) ensures that adequate medical information is available, ensuring that participants have the ability to perform the work assigned. Failure to collect this information would create an unacceptable safety and liability risk.

If we are unable to collect this data the FS and DOI would be unable to select candidates to participate in a legally mandated program.

1. **Explain any special circumstances that would cause an information collecti­on to be con­ducted in a manner:**

* **Requiring respondents to report informa­tion to the agency more often than quarterly;**
* **Requiring respondents to prepare a writ­ten response to a collection of infor­ma­tion in fewer than 30 days after receipt of it;**

Although there is no requirement, due to the nature of the process of applying for employment, respondents may complete the application, and typically would complete medical history forms in fewer than 30 days from receipt. In general, recruitment and outreach takes place over a three month period. Applicants may submit their application anytime throughout the recruitment cycle or otherwise, as the application is available year round.

Applicants that have been selected for employment typically complete the form FS-1800-3 shortly after receiving notice of their acceptance to the program.

* **Requiring respondents to submit more than an original and two copies of any docu­ment;**
* **Requiring respondents to retain re­cords, other than health, medical, governm­ent contract, grant-in-aid, or tax records for more than three years;**
* **In connection with a statisti­cal sur­vey, that is not de­signed to produce valid and reli­able results that can be general­ized to the uni­verse of study;**
* **Requiring the use of a statis­tical data classi­fication that has not been re­vie­wed and approved by OMB;**
* **That includes a pledge of confidentiality that is not supported by au­thority estab­lished in statute or regu­la­tion, that is not sup­ported by dis­closure and data security policies that are consistent with the pledge, or which unneces­sarily impedes shar­ing of data with other agencies for com­patible confiden­tial use; or**
* **Requiring respondents to submit propri­etary trade secret, or other confidential information unless the agency can demon­strate that it has instituted procedures to protect the information's confidentiality to the extent permit­ted by law.**

There are no other special circumstances. The collection of information is conducted in a manner consistent with the guidelines in Title 5 CFR 1320.6.

1. **If applicable, provide a copy and iden­tify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8 (d), soliciting com­ments on the information collection prior to submission to OMB. Summarize public com­ments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address com­ments received on cost and hour burden.**

The Federal Register Notice posted on December 2, 2019 and the Agency received one comment from the Office of Federal Operations, which expressed concern about questions included on the medical history form, if the intent was to collect that information prior to hiring, and if the information was redundant. The Forest Service clarified via email that only youth selected for participation in the YCC program are required to complete the Youth Conservation Corps Medical History Form (FS-1800-03). Representatives from the Forest Service Volunteers and Service Program, Forest Service Office of Civil Rights, and the U.S. Equal Employment Opportunity Commission met on December 20, 2019 and agreed no further information was required. A suggestion was made to remove the medical history form from the Information Collection when it is renewed.

No comments were received on cost and hour burden.

**Describe efforts to consult with persons out­side the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record keeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported. Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years even if the col­lection of information activity is the same as in prior periods.**

FS did not have outside consultation, due to the package being transferred to DOI.

1. **Explain any decision to provide any payment or gift to respondents, other than re-enumeration of contractors or grantees.**

Payments or gifts will not be made to respondents of this information collection.

1. **Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

The information collected is stored and accessed as set forth in Privacy Act Systems of Records USDA/FS-27 – YCC Medical Records; USDA/FS-29 – YCC Enrollee Records; and USDA/FS-30 – YCC Recruitment System.

1. **Provide additional justification for any questions of a sensitive nature, such as sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

Neither of the forms included in this request contain questions of a sensitive nature.

1. **Provide estimates of the hour burden of the collection of information. Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated.**

**• Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. If this request for approval covers more than one form, provide separate hour burden estimates for each form.**

This renewal submission is for 8,599 respondents, 11,409 responses and 4,238 burden hours. See separate spreadsheet for individual breakout and cost.

Federal minimum wage is chosen for average income per hour. National minimum wage is reported by the Department of Labor which can be found at <http://www.dol.gov/whd/minwage/america.htm>. Specific wage information for youth in recreation jobs can be found at <http://www.dol.gov/whd/regs/compliance/whdfs18.pdf>. However for most applicants of the YCC program, YCC would be their very first employment opportunity, meaning that they are most likely unemployed at the time of application.

The total cost for respondents is 45, 558 ($10.75 \* 4,238).

1. **Provide estimates of the total annual cost burden to respondents or record keepers resulting from the collection of information, (do not include the cost of any hour burden shown in items 12 and 14). The cost estimates should be split into two components: (a) a total capital and start-up cost component annualized over its expected useful life; and (b) a total operation and maintenance and purchase of services component.**

There are no capital operation and maintenance costs.

1. **Provide estimates of annualized cost to the Federal government**. **Provide a description of the method used to estimate cost and any other expense that would not have been incurred without this collection of information.**

OPM salary GS-7, step 10 ($48,488/yearly) and GS-9, step 10 ($59,316/yearly) at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/GS.pdf>.

**The response to this question covers the actual costs the agency will incur as a result of implementing the information collection.**

**Table 2. Estimated cost to Government**

| **(a)**  **Description of the Collection Activity** | **(b)**  **Forms Processing Time per Applicant** | **(c)**  **Estimated Average Income per Hour of Processor** | **(d)**  **Total Estimated Cost per Applicant**  **(b) x (c)** | **(e)**  **Applicants per year** | **(f)**  **Subtotal (d) x (e)** |
| --- | --- | --- | --- | --- | --- |
| FS-1800-18: YCC Application | | | | | |
| FS | 25.2 minutes  (.42 hour) | GS-07  $23.31/hour | $9.79 | 3,499 | $34,255 |
| DOI | 25.2 minutes  (.42 hour) | GS-07  $23.31/hour | $9.79 | 5,100 | $49,930 |
| ***Subtotal*** |  |  |  |  | $84,185 |
| FS-1800-3: Medical History | | | | | |
| FS | 14 minutes  (.23 hour) | GS-07  $23.31/hour | $5.36 | 1,065 | $5,709 |
| DOI | 14 minutes  (.23 hour) | GS-07  $23.31/hour | $5.36 | 1,745 | $9.355 |
| ***Subtotal*** |  |  |  |  | $15,064 |
| **TOTALS** | 46 minutes  (.65 hour) | --- | ---- | ---- | **$99,249** |

| **(a)**  **Description of the Collection Activity** | **(g)**  **Approval and Monitoring per applicant** | **(h)**  **Estimated Average Income of Supervisor** | **(i)**  **Total Estimated Cost per Applicant**  **(g) x (h)** | **(j)**  **Applicants per year** | **(k)**  **Subtotal (i) x (j)** |
| --- | --- | --- | --- | --- | --- |
| FS-1800-18: YCC Application | | | | | |
| FS | 14 minutes  (.23 hour) | GS-09  $28.51/hour | $6.55 | 3,499 | $22,943 |
| DOI | 14 minutes  (.23 hour) | GS-09  $28.51/hour | $6.55 | 5,100 | $33,442 |
| ***Subtotal*** |  |  |  |  | $56,385 |
| FS-1800-3: Medical History | | | | | |
| FS | 14 minutes  (.23 hour) | GS-09  $28.51/hour | $6.55 | 1,065 | $6,983 |
| DOI | 14 minutes  (.23 hour) | GS-09  $28.51/hour | $6.55 | 1,745 | $11,442 |
| ***Subtotal*** |  |  |  |  | $18,425 |
| **TOTALS** | 28 minutes  (.46 hour) | --- | ---- | ---- | **$74,810** |

| **(a)**  **Description of the Collection Activity** | **(l)**  **Sub-total**  **Item f** | **(m)**  **Sub-total**  **Item k** | **(n)**  **Total Estimated Cost** |
| --- | --- | --- | --- |
| FS-1800-18: YCC Application | $84,185 | $56,385 | $140,570 |
| FS-1800-3: Medical History | $15,064 | $18,425 | $33,489 |
| **TOTALS** | $99,249 | $74,810 | $174,059 |

**15. Explain the reasons for any program changes or adjustments reported in items 13 or 14 of OMB form 83-I.**

There’s no change from the previous collection.

**16.For collections of information whose results are planned to be published, outline plans for tabulation and publication.**

Results of this information collection will not be published.

**17.If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

The valid OMB control number and expiration date will be displayed on all information collection instruments.

**18.Explain each exception to the certification statement identified in item 19, "Certification Requirement for Paperwork Reduction Act."**

There are no exceptions to the certification statement. The agency is able to certify that the collection of information encompassed by this request complies with 5 CFR 1320.