

FS VSPortal Bulk Upload Spreadsh

This spreadsheet is organized in 4 worksheets to collect all information necessary to bulk import yo

Partner Master	This sheet should contain one row for the partner specific information that needs to be added or updated.
Participant Master	Please populate this sheet with a list of ALL participants that perform work on Forest Service locations for you as a partner organization
Project Master	Please populate this sheet with a list of ALL projects that are performed at Forest Service locations by you as a partner organization
Project Participant	Please populate this sheet with the Partner Participant IDs, as well as Partner Project IDs and the relevant hours and other information. Participant ID and Project ID entered here MUST be present on the Participant Master sheet and the Project Master sheet respectively.

**** Required fields are identified by an asterisk (*) symbol**

**** Leave all the FS ID columns empty**

**** You MUST provide Partner ID columns to correctly identify participatns and projects during bul**

Paperwork Reduction Act Notice

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless The approved OMB Control Number for this information collection is 0596-0247. Without this appr for this information collection is estimated to be approximately two hours per response, including t gathering and maintaining the data needed, and completing and reviewing the information collecti comments regarding this burden estimate or any other aspect of this information collection, includ email address SM.FS.InfoCollect@usda.gov and include the OMB Control Number in the subject lin

et Instructions

ur participant and project data into the Youth Partner Portal.

lk upload

person be subject to a penalty for failure to comply with an
the information collection has a currently valid OMB Control Number.
oval, we could not conduct this information collection. Public reporting
the time for reviewing instructions, searching existing data sources,
on. All responses to this information collection are voluntary. Send
ing suggestions for reducing this burden to the U.S.D.A. Forest Service
e.

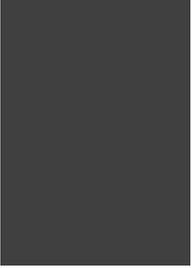
FS-1800-0026a (06/
OMB-0596-0247 (E)

2023)

(p. 06/30/2026)

FS Partner ID *Partner Assigned ID *Partner Name

Partner Status



***Agreement No.**

Address 1

Address 2

City

State

ZipCode

Contact 1 FirstName Contact 1 LastName Contact 1 Middle Initial Contact 1 Phone Contact 1 Fax

*Contact 1 E-mail Contact 2 F Contact 2 Contact 2 MidContact 2 Ph Contact 2 Fax Contact 2 E-mail

Services Provided

Remarks

Research and Development

State & Private, Watershed & Air, Natural Resources

Information Systems, Recreation Management

Resources Management

ent

FS Participant ID

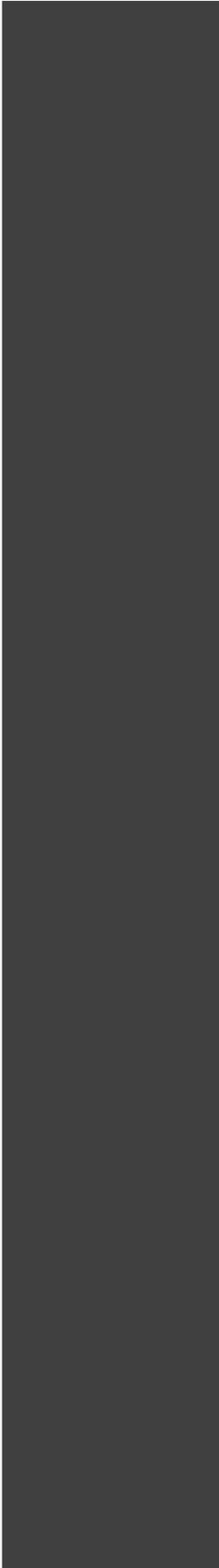
***Participant ID**

***First Name**

***Last Name**

Middle Initial

Phone



***Permanent Residence ZipCode *Email**

***Month & Year of Birth Age**

*Acknowledgment of Parental Consent for Minors *Sex

*Ethnicity

***Race-1**

Race-2

Race-3

***Education Level Completed-1**

Post-secondary Institution Name - 1

Post-secondary Institution Name - 2 Course of Study - 1 Course of Study - 2 Military/Veteran Status

Disability Status

AmeriCorps Status

Skills, Certifications, Competencies

FS Project ID

***Project ID**

***Legal Applicant or Cooperator SAM UEI Number**

***Name (Project Title)**

Description (Project Abstract)

***Project Point of Contact Last Name**

***Project Point of Contact First Name *Project Point of Contact Email Address**

*Agency Office (Forest Service Deputy Area) *Program

***Reporting Unit**

***Fiscal Year *Start Date**

***End Date**

Remarks

***Agreement Number**

***Legal Hire Authority**

FS Project ID

FS Participant ID *Project Id

***Participant ID**

***Position Type**

***Functional Area (Type of Work)**

***Number of Hours/Project Hours Worked *Hiring Certificate Type**

***Hiring Certificate Status**

Hiring Certificate Issue Date (MM/DD/YYYY)

Narrative/Comments

***Resource Assistants Program**