Prison Rape Elimination Act (PREA) Workbook Instructions As a result of VAWA 2013 and the penalty provision of the Prison Rape states are required to certify compliance with PREA. A state the option of forfeiting 5 percent (5 %) of covered funds* (95 perce court set-aside is excluded) or executing an assurance that 5 pe used towards coming into compliance with PREA.								
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Dependence of the entire charge for EV 2015, a state that clasted either entire 1 or entire 2 in EV								
Regardless of the option chosen for FY 2015, a state that elected either option 1 or option 2 in FY 2014 will receive a proportional amount of the funds forefited by states that elected option 3 in FY 2014. States that elected option 3 in FY 2014 are not eligible for any portion of the FY 2014 forefitted sums regardless of their FY 2015 election and will receive only their FY 2015 STOP allocation less any PREA penalty. The options are prepopulated with each states FY 2015 allocation, as well as their portion of the FY 2014 forfeited funds if applicable. If you believe your assessment is incorrect, please contact OVW as soon as possible.								
Please use this worksheet if your state confirms compliance with PREA. At the Option 1 bottom of the form, the State STOP Administrator should print his/her name, sign and date, in the designated area.								
Option 2 Please use this worksheet to view the 2015 reallocation and indicate which actions will be completed to be compliant with PREA. At the bottom of the form, the State STOP Administrator should print his/her name, sign, and date, in the designated area.								
Option 3 Please use this worksheet to view the penalty for non-compliance with PREA. At the bottom of the form, the State STOP Administrator should print his/her name, sign, and date, in the designated area. *Covered funds refers to the amount the State will be awarded after the five percent court set-aside has been deducted.								

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U.S. Department of Ja OVER		Prison Rape Eliminati	on Act Workshee	t: Option 1					
with PRISelect print youthe du please umenu funds* (96.75	t a state from orksh op-down percent of the STOP used towards comin	penalty provision of the Priso eet only if your state can cont e form. <u>Please note: All yellow</u> in 2 or 3. A state that cannot of award because the court set- g into compliance with PREA.	firm compliance with F w cells require user in certify compliance has aside is excluded) or e	PREA. Select your s put. If your state Print STO the opti Administra executin Name	tate from t	he drop-down menu,			
The State of (Please select a state.) is in compliance with the Prison Rape Elimination Act (PREA).									
State STOP Administrator Signature: Date: Date:									
that are accurate, can be	easily understood, and which impos	Inder the Paperwork Reduction Act, a person is not i e the least possible burden on you to provide us wit ions for making this form simpler, you can write to t	h information. The estimated time to co	Date formation unless it displays a cur Sign STOP Administrator's Name	two and 60 mi	ontrol number. We try to create forms nutes per form. If you have loor, Washington, DC 20530.			

					• •	rksheet: Option					
PREA States that cannot certi-	fy compliance can execut	e an assurance that 5	nercent of	covered funds* will be used	towards coming into	the Prison B Select a st compliance v vill be complete the drop-do		uired to certify compliance with the used if your state intends to u se note: All yellow cells require	se		
input.			Inser	t the		menu					
		PI	desc	ription of how	n menu and then pr						
			your	state will	Please select a sta	ite.					
Please identify steps that will I	with PREA_Please ch	beco	me compliant	uds to become com	ids to become compliant with PREA. Then, please proceed to STEP 3.						
				check the							
				ties that will		[Insert text here.]					
STOP funding will be used to accomplish these activities to				le your state		[Insert text here.]					
come into compliance with			to establish								
PREA:						[Insert text here.]					
			Comp	oliance		[Insert text here.]					
				STE		ded to come into compliance with F					
discretionary category. The ar 2) States may allocate up to 1(Aside column) to be used to a	D percent of e dminister the Perce		ac	ceed the PREA reallocation Iministration of the STOP av e refer to page nine of the S	ward. Please enter a pe	rcentage, <u>not to exceed 10 percen</u> nd at http://www.ovw.usdoj.gov/d PREA Eligible Allocation	locs/sto Inser	n (Administrative Costs (%) Per s t the entage % from	et-		
		histrative c	osts	Administrative Costs	TOTAL	Amounts AFTER	Determine	n the PREA			
	EY 2015			(%)	Administrative	Administrative Costs			on		
that will be deducted from each				Per Set-Aside	Costs (\$)	(excluding 2014 PREA Compliance Redistribution)		ity will be	ts		
Allocation					#N/A	, , , , , , , , , , , , , , , , , , ,	dedu	cted			
Court Set-Aside (5%)		ory (up to '	10%	0%	#N/A	\$ -	\$-	#N/A			
Victim Services (30%) Law Enforcement (25%)	per al	location)		<u> 0%</u> 0%	#N/A #N/A	#N/A #N/A	\$ - \$	#N/A #N/A			
Prosecution (25%)				0%	#N/A	#N/A	\$ -	#N/A			
Discretionary (15%)	#N/A	#N	/A	0%	#N/A	#N/A	\$ -	#N/A			
TOTAL	#N/A	#N	/A	Maximum (10%) #N/A	#N/A	#N/A	\$-	#N/A			
Print	STOP				•	ty and PREA real			<u>3</u>]		
Required PREA Admi			and be green in order to move to Step 5								
Name	9			STEP 4							
The State of	Please	select a state.		will use STOP funds to com		PREA.					
State STOP Administrator Prin	ted Name:										
State STOP Administrator Sign	ature:			Date:							
*Covered funds refers to the a						<u> </u>					
Public Reporting Burden Paperwork Reduction Act complete and file this form is between two and 60 m						nSthat are accurate, can be easily understood, and which im partment of Justice, 145 N Street, NE, 10th Floor, Washington		n you to provide us with information. The estimated time	to		
Si	gn				Date						



Prison Rape Elimination Act (PREA) Worksheet: Option 3

The purpose of this form	is to guide States whe	en confirming complia	ince w	ith PREA. As a re	sult of VAWA 2013 and	the penalty	provisior	n of the Prison Rape Elimination A	ct (PREA), States
are required to certify con	mpliance with PREA. I	If States cannot certify	y comp	liance, they have	e the Select a sta	ite from		d funds* (95 percent of the STOP	
the court set-aside is excl	uded). Please use this	s worksheet to view th	ne pen	alty for non-com	pliathe drop-do	wn	the form	n, please print your name, sign, a	nd date the form.
Please note: All yellow co	ells require user inpu	<u>.t.</u>				****			
					menu				
				-	STEP 1				
Please select your State fi	rom the drop-down m	ienu and then procee	d to ST		V				
				Please s	select a state.				
				S	STEP 2				
1) The State will be asses	sed a 5 percent penal	ty for non-compliance	e with l	PREA. This five p	ercent penalty will be c	educted fror	n the Sta	ate's covered funds.* The State ca	nnot choose from
which category of the allo	ocation that amount is	s deducted.							
								percentage, <u>not to exceed 10 pe</u>	e rcent , in each
allocation (yellow cells) to					please refer to page nir	ne of the STO	P Formu	lla FAQs found at	
http://www.ovw.usdoj.go	ov/docs/stop-formula-	-faq.pdf . Then, please	e proce	ed to STEP 3.				Insert the	1
	FY 2015 Allocation Amount	FY 2014 PREA Compliance Redistribution	2015	5 PREA Penalty (5%)	Total After PREA Penalty**	Administra (%		percentage % from which allocation (or combination of	Allocation After REA Penalty trative Costs, and 4 Compliance distribution
Allocation	#N/A	#N/A		#N/A	#N/A			allocations) the	
Court Set-Aside (5%)	#N/A	#N/A	\$	-	#N/A		V 0	administrative costs	#N/A
Victim Services (30%)	#N/A	#N/A		#N/A	#N/A		0		#N/A
Law Enforcement (25%)	#N/A	#N/A		#N/A	#N/A			will be deducted	#N/A
Prosecution (25%)	#N/A	#N/A		#N/A	#N/A		0	from each category	#N/A
Discretionary (15%)	#N/A		<u> </u>	#N/A	#N/A		0	(up to 10% per	#N/A
		int STOP				Maximu			
TOTAL	#N/A Ac	dministrators		#N/A	#N/A	#N/	/A	allocation)	#N/A
	Ne Ne	ame			STEP 3				
The State of		is not in compliance with PREA and accepts the five percent PREA penalty.							
		Please select a state	•				ducepts	the live percent FILA penalty.	
State STOP Administrator	Printed Name:	Ľ							
State STOP Administrator	r Signature:						Dat	e:	
*Covered funds refers to	the amount the State	will be awarded after	r the fi	ve percent court	set-aside has been der	ducted. **Tot	tal round	led.	

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