

Prison Education Program Supporting Documentation
Attachment 3 – Prison Education Program Assurances Certification

This form is to be completed by institutions of higher education or postsecondary vocational institutions (institutions) applying to the Department of Education (Department) for approval of a Prison Education Program (PEP) in collaboration with the appropriate State department of corrections or other entity responsible for overseeing correctional facilities or the Federal Bureau of Prisons, if applicable (Oversight entity). A separate form must be submitted as supporting documentation for each PEP added via the Electronic Application to Participate in the Federal Student Financial Aid Programs (E-App).

Institution name:

Institution OPEID:

Title of proposed PEP:

Oversight Entity name:

Oversight Entity contact person:

Name of Correctional Facility where proposed PEP will be offered:

Institutional Assurances:

☐ By checking this box, I, the institution contact person submitting this form, acknowledge and understand that the Department can limit or terminate approval of the institution to provide a PEP as described in 34 CFR § 668.240.

☐ By checking this box, I, the institution contact person submitting this form, acknowledge and assure that the institution will provide the methodology by which the oversight entity made each best interest determination for the PEP, as described in 34 CFR § 668.241(f).

☐ By checking this box, I, the institution contact person submitting this form, acknowledge and assure that the institution will submit all required reports to the Department as described in 34 CFR § 668.239.

Oversight Entity Assurances:

☐ By checking this box, I, the oversight entity contact person, verify that the institution has approval to operate this proposed program in the correctional facility identified above as required by 34 CFR § 668.236(a)(2).

☐ By checking this box, I, the oversight entity contact person, acknowledge and assure that the oversight entity will provide the required best interest of students' determination of this proposed program:

- (1) Through a feedback process that considers input from relevant stakeholders and in light of the totality of the circumstances as described in 34 CFR § 668.241(b);
- (2) Considering the required information described in 34 CFR § 668.241(a)(1);
- (3) At the time intervals specified in 34 CFR § 668.241(d) and (e); and
- (4) By submitting it to the Department no later than 30 days following the determination.

☐ By checking this box, I, the oversight entity contact person, acknowledge and assure that the oversight entity will allow programs to re-apply within a reasonable timeframe if we determine the program is not operating in the best interest of students as required by 34 CFR § 668.241(c).

☐ By checking this box, I, the oversight entity contact person, acknowledge and assure that the oversight entity will maintain an agreement to provide transfer and release data with the institution during the existence of the PEP.

Institutional Certification:

To the best of my knowledge and belief, I certify that all information and representations in this PEP and all supporting documentation is true and correct, and the institution on behalf of which I make this attestation will remain in compliance with the PEP program requirements.

I further acknowledge that failure to submit true and correct information, failure to follow all PEP requirements, or failure to remain in compliance with the terms and conditions of the PEP program may result in liability under the False Claims Act, 31 U.S.C. § 3729, et seq.; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 C.F.R. part 180, as adopted and amended as regulations of the Department in 2 C.F.R. part 3485; and 18 U.S.C. § 1001, as appropriate, and/or other enforcement actions.

Name:

Signature:

Date:

Oversight Entity Certification:

To the best of my knowledge and belief, I certify that my assurances made above and any additional representations made by me on behalf of the oversight entity in any supporting documentation is true and correct, and the oversight entity on behalf of which I make this attestation will remain in compliance with the PEP program requirements.

I further acknowledge that failure to submit true and correct information, failure to follow all PEP requirements, or failure to remain in compliance with the terms and conditions of the PEP program may result in liability under the False Claims Act, 31 U.S.C. § 3729, et seq.; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 C.F.R. part 180, as adopted and amended as regulations of the Department in 2 C.F.R. part 3485; and 18 U.S.C. § 1001, as appropriate, and/or other enforcement actions.

Name:

Signature:

Date:

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0171. Public reporting burden for this collection of information is estimated to average 10 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is *required to obtain or retain benefit* (Free Application For Federal Student Aid Simplification Act (Title VII, Division FF of P.L. 116-260)). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, please send an email to: PEP@ed.gov.

Submission of Proprietary Information

FOIA exempts from mandatory disclosure any “trade secrets or commercial or financial information obtained from a person and privileged or confidential.” 5 U.S.C. 552(b)(4) (Exemption 4). In accordance with Exemption 4, the Department will maintain as confidential any documents submitted by you, or prepared by the applicant, that are both customarily and actually treated as private by the applicant, or closely held and not publicly disseminated. If you feel that some or all of this submission falls within the scope of Exemption 4 and is entitled to confidential treatment, you must indicate the specific information the applicant or grantee considers proprietary in a cover attachment to this form. Please note that your designations of exempt material are not binding on the Department.