

Policy Requirement Form (PRF)—APPENDIX A (See Source Forms for fillable PDF)

(Download this document before completing in order to save—do not use your web browser to complete)

PART 1: To be completed by any Employee or the Policy Authority

Action: Please choose which action is applicable

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Proposed Policy Title:	
Requested by:	
Date Submitted:	
Policy Authority	
Policy Implementation Deadline:	Is there a deadline externally imposed (i.e. to meet legislative requirements) that we need to abide by? If so, what is date? _____
Targeted Implementation Date:	If there is no deadline, what date would you like the policy be completed by? _____

Impact Assessment

Please choose which Impacts will affect or be affected by the new policy. Please provide details.

Is there already a Working Group or Committee charged with looking at this issue?
Please provide details and contact person:

Resource Implications: Will new resources or significant changes be required? Indicate which and provide details ✓

	Human Resources	
	Information Technology	
	Other Resource Allocations	

Risk Assessment

What is the risk of not establishing/revising this policy? For Likelihood and Impact definitions refer to the Board of Governors Policy on Enterprise Risk Management.

Likelihood: _____

X Impact: _____

= Risk Level: _____

Please describe risk issues:

RISK PROFILE MATRIX						
LIKELIHOOD	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	
	IMPACT					

Legal Opinion Given the nature of this policy, should MHC solicit a legal review and opinion of this policy?

Review Schedule / Frequency In addition to continued situational awareness (i.e. legislative changes, etc.) the policy should be slated for regular reviews. Please choose appropriate \checkmark

Stakeholder Engagement—Directly or Indirectly Impacted (add rows as needed)

Select stakeholders from pull-down-menus	Impacted how?	Contact Name(s)

Communications Plan

Key Message	Tactic (e.g. email or open house)	Timing	By Whom	Completed Date

Implementation Plan			
By Whom	Timing	Expected Completion Date	Additional Comments
Are procedures required? (to be completed by Policy Authority)			
Name of Procedure Authority to be assigned procedure development responsibilities:			
Part 2: To be completed by Policy Analyst			
Policy No.		If applicable, replaces Policy No.	
Comments:			
PART 3: To be completed by Executive Sponsor			
GAC	CLC	Indicate:	Notes:
		<ul style="list-style-type: none"> Information Only (I) Review and Comment (R) 	
Approval for legal review expenses (if applicable).			
Executive Sponsor Approval of PRF			
PART 4: To be completed by Policy Analyst			
SEC Review and Approval of PRF			
For Appendix Change: Only Executive Sponsor Approval required			
President Approval of Policy			