BCFP

Scope Summary

Entity Name: **Date:**
Event ID: **Prepared by:**
Supervision ID:

BACKGROUND INFORMATION

Entity Information	
Name of Supervised Entity:	<Insert name of entity>
Entity Headquarters (City, State):	<Insert location>
Entity Website:	<Insert website>
Entity Type:	<Choose an Entity Type>
Event Type:	<Choose an event type>
Area(s) of Focus:	<Insert concise description of the IPL(s) that will be included in the supervisory event (based on the information in the Scope section later in the document)>
Subordinate and Affiliated Organizations Reviewed (if applicable):	<Insert organization names>
On-Site Location(s):	<Insert location(s)>
Other Participating Prudential or State Regulators (if applicable):	<Insert regulator(s)>

Examination Dates	
Information Request Sent Date:	<Click here to select a date>
On-Site Start Date:	<Click here to select a date>
Scheduled On-Site Completion Date:	<Click here to select a date>
Review Period:	<Click here to select the review period start date> – <Click here to select the review period end date>

Examination Team			
Lead Regional Office:	<Choose a Region>		
Regional Office(s) Performing Examination:	<Insert office(s)>		
Name	**Email & Phone Number**	**Title/Role**	**Area Reviewed/Modules**
<Insert name>	<Insert email>; <Insert phone>	Examiner-in-Charge	<Insert area/module>
<Insert name>	<Insert email>; <Insert phone>	Central Point of Contact (if applicable)	<Insert area/module>
<Insert name>	<Insert email>; <Insert phone>	Field Manager	N/A
<Insert name>	<Insert email>;	Assistant Regional	N/A

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	<Insert phone>	Director	
<Insert name>	<Insert email>; <Insert phone>	<Insert title>	<Insert area/module>
<Insert name>	<Insert email>; <Insert phone>	<Insert title>	<Insert area/module>
<Insert name>	<Insert email>; <Insert phone>	<Insert title>	<Insert area/module>
<Insert name>	<Insert email>; <Insert phone>	<Insert title>	<Insert area/module>
<Insert name>	<Insert email>; <Insert phone>	<Insert title>	<Insert area/module>
<Insert name>	<Insert email>; <Insert phone>	OSP Contact	N/A
<Insert name>	<Insert email>; <Insert phone>	OFLEO Contact	N/A
<Insert name>	<Insert email>; <Insert phone>	ENF Contact	N/A

Prudential Regulators	
Delete table if prudential regulators are not involved	
Prudential Regulator(s):	<Insert regulator>
Regulator Contact(s):	<Insert contact name>
Contact Phone Number:	<Insert phone number>
Contact Email:	<Insert email>

State Regulators	
Delete table if state regulators are not involved	
State Regulator(s):	<Insert regulator>
Regulator Contact(s):	<Insert contact name>
Contact Phone Number:	<Insert phone number>
Contact Email:	<Insert email>

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Communication Plan

- *Provide name and contact information for the entity's compliance officer and/or point of contact responsible for coordinating with the examination team or serving as liaisons*
- *Provide expectations for communications with the entity (e.g., all requests for information or meetings to be provided to EIC/team member who will contact entity staff)*
- *List any expected or scheduled meetings (including the entrance, progress, and closing meetings outlined in the Supervision and Examination Manual)*
- *Detail expectations for any status updates on examination or target review progress/findings*
- *Detail any information pertaining to choreographing examination or review activities with any other federal or state regulator(s)*

Entity's Compliance Contact(s):	<Insert contact name>
Contact Phone Number:	<Insert phone number>
Contact Email:	<Insert email>
<Insert details pertaining to the examination team's communication plan>	

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SCOPE

Event Narrative
<Provide a brief, free-form summary of the reasoning behind this supervisory event and its scope. To obtain information about the priorities determined by SEFL HQ, reach out to your OSP contact.><Provide a brief, free-form summary of the reasoning behind this examination or target review and its scope. To obtain information about the priorities determined by SEFL HQ, reach out to your OSP contact.>

Institution Product Lines (IPLs) to be Reviewed LISTED BY PRIORITY
Use the dropdown box in the next row to select the highest-priority IPL under examination or review   *Insert the modules or regulations associated with the chosen IPL, listed by priority*   *Fill out the row for each module or regulation.*   *If transaction testing is planned, include in the second column the estimated number of transactions to be tested and the specific sampling methodology used to select each sample (judgmental or statistical). DO NOT use "TBD": an estimated number must be included.*   *For any IPL (excluding Baseline Compliance Management System), include information pertaining to the examination team's plans to evaluate the supervised entity's compliance management system as it pertains to that specific IPL*   *If additional IPLs or areas of focus will be examined, copy this table starting with the next row and paste it as a new table following this one*

<Choose an IPL>		
Module/Regulation and Priority Ranking LISTED NUMERICALLY	**Estimated Number of Transactions to be Tested and description of the Sampling Methodology used**	**Comments**
<Insert module or regulation name> Choose an option	<Insert estimated number and type of transactions to be tested; number can be expressed using a range, as needed. Include a description of the sampling methodology used to select each sample>	<Insert any comments applicable to this module/regulation, such as reason(s) for inclusion or exclusion and any of its sections that will or will not be reviewed>

Entity Name: **Date:**
Event ID: **Prepared by:**
Supervision ID:

<Insert module or regulation name> Choose an option	<Insert estimated number and type of transactions to be tested; number can be expressed using a range, as needed. Include a description of the sampling methodology used to select each sample>	<Insert any comments applicable to this module/regulation, such as reason(s) for inclusion or exclusion and any of its sections that will or will not be reviewed>
<Insert module or regulation name> Choose an option	<Insert estimated number and type of transactions to be tested; number can be expressed using a range, as needed. Include a description of the sampling methodology used to select each sample>	<Insert any comments applicable to this module/regulation, such as reason(s) for inclusion or exclusion and any of its sections that will or will not be reviewed>
<Insert module or regulation name> Choose an option	<Insert estimated number and type of transactions to be tested; number can be expressed using a range, as needed. Include a description of the sampling methodology used to select each sample>	<Insert any comments applicable to this module/regulation, such as reason(s) for inclusion or exclusion and any of its sections that will or will not be reviewed>

Complaints
<Insert information on consumer complaints about the entity received by the Bureau during the associated review period, which can be obtained from Consumer Response>

Outstanding Enforcement Actions			
List any outstanding enforcement actions (BCFP and any known actions from other regulators) related to the scope of this particular examination or target review			
Type of Action	**Issue Date**	**Agency**	**Comments**
<Insert EA type>	<Click here to select a date>	<Insert agency>	<Insert comments>
<Insert EA type>	<Click here to select a date>	<Insert agency>	<Insert comments>

Open Matters Requiring Attention		
List those related to the scope of this particular examination or target review		
Matter Requiring Attention	**Due Date**	**Comments**
<Insert MRA and any required response>	<Click here to select a date>	<Insert comments>
<Insert MRA and any required response>	<Click here to select a date>	<Insert comments>

Final Pre-Review Scope Summary

• *Insert a brief description of the final pre-review scope that was established following an analysis of the entity's response to the Information Request; note that this content should essentially summarize the earlier portions of this document.*
 	
• *Include the finalized transaction testing plan, which should describe:*
  o *the data set(s) selected for review (the population)*
  o *the methodology used to select the sample(s) (i.e. judgmental, statistical)*
  o *the number of transactions selected for testing (the sample)*
  o *the reason for selecting those transactions*

Final Post-Review Scope
Insert a brief description of modifications made to the scope that occurred during the supervisory event, and an explanation of the reasoning behind those changes (e.g. time constraints, serious findings in one area, etc).

Major Scope Modifications Made Between Pre- and Post-Review		
Major scope modifications may include, but are not limited to, the reprioritization, addition, or removal of IPLs and/or modules within an IPL; and adjustments made to transaction testing samples		
Modification	**Date**	**Made by**
<Insert a description of the modification and its ramifications on the examination/target review overall>	<Click here to select a date>	<Insert approver name>
<Insert a description of the modification and its ramifications on the examination/target review overall>	<Click here to select a date>	<Insert approver name>
<Insert a description of the modification and its ramifications on the examination/target review overall>	<Click here to select a date>	<Insert approver name>
<Insert a description of the modification and its ramifications on the examination/target review overall>	<Click here to select a date>	<Insert approver name>
Considerations for Future Reviews		
<Insert considerations for the scope of the next examination>		