**DEPARTMENT OF TRANSPORTATION**

**MEMORANDUM**

**TO:** Capital Program Committee

**FROM**: Bureau of Capital Program Development

**DATE:** XXXX

**SUBJECT:** Problem Screening Recommendation

Project Name

Problem Statement, DB XXXXX

 XXXX Borough, XXXX County



The XXX Management System has submitted a Problem Statement for XXXX located in XXXX County. The Problem Statement identifies XXXX.

It is the recommendation of Capital Investment Planning & Development to graduate this problem statement to Concept Development.

Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Manager, Bureau of Capital Program Development

Concurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Executive Regional Manager, Division of Project Management