**DEPARTMENT OF TRANSPORTATION**

**MEMORANDUM**

**TO:** NAME, TITLE, GROUP (IF APPLICABLE)

 (DIVISION OR BUREAU)

**FROM**: NAME OF DIRECTOR, Director

Capital Investment Planning and Development

**DATE:** MONTH DAY, YEAR

**TELEPHONE:** 5-XXXX

**SUBJECT:** Problem Statement Screening Recommendation

PROBLEM STATEMENT TITLE

DB XXXXX

 MUNICIPALITY, COUNTY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The XXX (ex. Bridge Management System) has submitted a Problem Statement for XXXX located in X municipality, X County. The Problem Statement identifies the XXXX.

After completion of a Problem Statement Screening, it is the recommendation of Capital Investment Planning & Development to graduate this problem statement to XXXX (Concept Development, maintenance work order, etc). The problem statement screening has investigated the problem statement and received input from NJDOT management systems, applicable subject matter experts and local stakeholders. Additional investigation is required and coordination with XXXX is recommended.

The original Problem Statement (TP-1), Problem Statement Screening Report, and supporting documents are attached.

If you have any questions, please contact XXXX of my staff at xx.xxxx @dot.state.nj.us. For additional information and supplementary files please contact XXXX at xx.xxx@dot.state.nj.us. I look forward to your response.

Thank you.

CC: INCLUDE APPLICABLE PERSONS AND INITIATORS