

RESEARCH PROBLEM STATEMENT

DATE:	PROJECT AREA:
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TITLE:

PROBLEM STATEMENT:

OBJECTIVES:

FORM OF RESEARCH IMPLEMENTATION AND RETURN ON INVESTMENT:

Estimated Project Duration:	Months
PREPARED BY:	
AGENCY:	
PHONE:	REVIEWER:

Standing Subcommittee
Ranking

Advisory Council
Ranking

Statement Combined with
Statement Number(s)