

# Regional Solutions Team Review

**Project Number:**

**Project Name:**

**Requested Funds:**

**ODOT Region:**

**RST Region:**

**Date Reviewed by RST:**

# Tier #

**Project Description:**

**Does the project support regional priorities identified by the Regional Solutions Advisory Committee?**

Yes  No

**Please describe how the project supports the regional priority (or priorities) and/or provide other comments.**

# Regional Solutions Team Review

**Project Number:**

**Project Name:**

**Requested Funds:**

**ODOT Region:**

**RST Region:**

**Date Reviewed by RST:**

# Tier #

**Project Description:**

**Does the project support regional priorities identified by the Regional Solutions Advisory Committee?**

Yes  No

**Please describe how the project supports the regional priority (or priorities) and/or provide other comments.**

# Regional Solutions Team Review

**Project Number:**

**Project Name:**

**Requested Funds:**

**ODOT Region:**

**RST Region:**

**Date Reviewed by RST:**

# Tier #

**Project Description:**

**Does the project support regional priorities identified by the Regional Solutions Advisory Committee?**

Yes  No

**Please describe how the project supports the regional priority (or priorities) and/or provide other comments.**

# Regional Solutions Team Review

**Project Number:**

**Project Name:**

**Requested Funds:**

**ODOT Region:**

**RST Region:**

**Date Reviewed by RST:**

# Tier #

**Project Description:**

**Does the project support regional priorities identified by the Regional Solutions Advisory Committee?**

Yes  No

**Please describe how the project supports the regional priority (or priorities) and/or provide other comments.**