



## Byway Annual Report

### ACTIVITY NAME

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**Activity Type:** Select the activity type that best describes the activity

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### Activity Lead

Byway

Other: \_\_\_\_\_

### Activity Partners

Please list any agencies, organizations, or volunteers from outside of the byway organization that partnered on this project.

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### Activity Dates

*Start Date*

*End Date*

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### Activity Description

**Activity Cost (Dollars) - Please include any funding sources such as grants or in-kind donations**

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**Volunteer Hour Contribution for this activity**

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