	OMB Number: XXXX-XXXX Expiration Date: MM/DD/YYYY
Basic Work Plan	Englished Mark Mark Ed., 1111
1. Estimated date of established funding agreement with State:  Note: Tasks starting before this date are not eligible for funding, and cannot be	MM/DD/YYYY e counted toward matching funds.
Describe the tasks in the work plan:	
2 a. Describe this task or milestone: General Administration (60 char lin	mit )
b. Name of person or organization responsible for carrying out task:	Byway Coordinator (40 char limit)
c. How long will this task take to complete?	
d. Justify how this project task contributes to project completion: (800 cha	racter limit - about 133 words)
3 a. Describe this task or milestone:	
b. Name of person or organization responsible for carrying out task:	
c. How long will this task take to complete? months	
d. Justify how this project task contribute to project completion: (800 char	acter limit - about 133 words)
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4 a. Describe this task or milestone:	
b. Name of person or organization responsible for carrying out task:	
c. How long will this task take to complete?	
d. Justify how this project task contribute to project completion: (800 char	acter limit - about 133 words)

5 a. Describe this task or milestone:	
b. Name of person or organization responsible for carrying out task:	
c. How long will this task take to complete? months	
d. Justify how this project task contribute to project completion: (800 character limit - about 133 words)	
6 a. Describe this task or milestone:	
b. Name of person or organization responsible for carrying out task:	
c. How long will this task take to complete?	
d. Justify how this project task contribute to project completion: (800 character limit - about 133 words)	
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7 a. Describe this task or milestone:	
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10	b. Name of person or organization responsible for carrying out task:
	c. How long will this task take to complete?
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