

WORKPLACE SAFETY AND HEALTH GRANT REPORT

Name of Local:

Name of Applicant:

Name of President:

Role of Applicant in Local:

Detailed Breakdown of Expenditures: Show all expenditures related to the project. Supporting invoices and receipts must be attached. Attach additional sheet if needed. Describe how your initiative has benefited/impacted your members and/or the community. What evidence do you have to support this?

How could MTS further support your WSH initiatives and advocacy work in the future?



Questions can be directed to Tammy Hodgins-Rector, Staff Officer,
TW Department, wshgrants@mbteach.org or 204-831-3061.