

INDIGENOUS VOICE AND ACTION 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 IVA initiatives and advocacy work in the future?



Questions can be directed to Tracy Vanstone, Staff Officer,
PFLS Department, mts-iva@mbteach.org or 204-674-4794.