



Activity Grants Acquittal Form

Organisation or Individuals Name _____

Contact Persons Name and Position/Relationship _____

Contact Persons Details Address _____

E-mail _____

Telephone _____

Project Description

Declaration

I, (Applicants Name) _____ certify that the grant of one thousand dollars received was used for the approved purpose. To the best of my knowledge and belief, the attached report is true and fair.

Signature _____

Date: _____

What benefit did the grant have for the organisation/individual?

What benefit did the grant have for the community?

In what way was Riseley Physiotherapy acknowledged for supplying the grant? (eg. logo inclusion, written acknowledgement, verbal acknowledgement, media recognition)

Thank you

Please submit return this form in an envelope addressed to Activity Grants Subcommittee, Riseley Physiotherapy, 8 Riseley Street, Applecross WA 6153