

**SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION
&
TOURISM**

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: _Cancer Survivors Park Alliance (CSPA)

PROJECT NAME: _Cancer Survivors Park Master Plan

I hereby certify that all labor, materials and contracts acquired or performed in the accomplishment of the above named project will be accomplished in accordance with the named entity's established procurement guidelines. Any questions, concerns or grievances should be directed to this agency.

_____Kay J. Roper_____
PRINTED NAME

_____Executive Director_____
TITLE

A handwritten signature in blue ink that reads "Kay J. Roper". The signature is written in a cursive, flowing style.

SIGNATURE

_____November 1, 2023_____
DATE