

State of South Carolina Request for Contribution Distribution

This form is designed to collect the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution for the designated organization. The state agency providing the contribution should use this form to collect information from the designated organization before the funds can be disbursed.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
\$1,000,000.00	P280 - Department of Parks, Recreation, and Tourism	Capital Expenses for continuation of the Cancer Survivors Park (CSP) Master Plan

Organization Information		
Entity Name	Cancer Survivors Park Alliance (CSPA)	
Address	52 Cleveland Street (physical address not mailing)	
City/State/Zip	Greenville/SC/29607	
Website	cancersurvivorspark.org	
SCEIS Vendor #	# 7000340753	
Entity Type	Nonprofit Organization	

Organization Contact Information		
Contact Name	Kay Roper	
Position/Title	Executive Director	
Telephone	864-444-8063 Cell; 864-255-5010 Office	
Email	kay@cancersurvivorspark.org; info@cancersurvivorspark.org	

Plan/Accounting of how these funds will be spent:			
Description	Budget	Explanation	
Capital Expenses for continuation of the Cancer Survivors Park (CSP) Master Plan	\$1,000,000.00	CSPA will use the state funds to satisfy CSP Capital Expenses to complete park	
Grand Total \$1,000,000.00			

Please explain how these funds will be used to provide a public benefit:

Funds will be used to pay for healing elements contructed in the Cancer Survivors Park (CSP) Master Plan. The 6.8 acre public park and its elements are dedicated to engaging, educating, empowering, and enhancing the lives of anyone touched by cancer. The purpose of the Cancer Survivors Park is to serve as a central clearinghouse for cancer survivorship programs and a catalyst for collaborative activities free and accessible to all which ensure the sustainability of the Cancer Survivors Park as a central venue for survivorship events.

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- 1) Organization hereby gives assurance that no person shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity for which this organization is responsible.
- 2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
- 3) Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
- 4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

Organization Signature	Jay J. Roper	Title	Executive Director
Printed Name Kay Rope	<u></u>	Date	3-Nov-23

Certifications of State Agency Providing Contribution

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency certifies that it will make distributions directly to the organization.
- 4) State Agency certifies that it will provide the quarterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means Committee, and the Executive Budget Office by June 30, 2024.
- 5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act.
- 6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2024.

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Dune Parish	11/13/2023
Agency Head Signature	Date
Duane Parrish	
Printed Name	