



## State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2025.

### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$500,000.00	P280 - Department of Parks, Recreation, and Tourism	Continued Completion of Cancer Survivors Park Master Plan Capital Projects

### Organization Information

Entity Name	Cancer Survivors Park Alliance
Address	PO Box 9428
City/State/Zip	Greenville/SC/29604
Website	cancersurvivorspark.org
Tax ID#	57-1085380
Entity Type	Nonprofit Organization

### Organization Contact Information

Name	Kay Roper
Position/Title	Executive Director
Telephone	864-444-8063 (M) 864-255-5010 (O)
Email	<a href="mailto:kay@cancersurvivorspark.org">kay@cancersurvivorspark.org</a>

### Reporting Period

Reporting Period	
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### Accounting of how the funds have been spent:

Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
<b>Beginning Balance</b>	<b>500,000.00</b>						<b>500,000.00</b>
Gathering Space - Landscape and construction design for permits			2,860.00			2,860.00	497,140.00
Charles Pate Artist Blue Heron Sculpture			17,300.00			17,300.00	479,840.00
Survivor Bell - Design			495.00			495.00	479,345.00
Arbor Engineering - Additional Design & Changes			1,677.50			1,677.50	477,667.50
Celebration Bell - 2 aluminum plate bell pieces			1,389.98			1,389.98	476,277.52
Arbor Engineering - CPM Additional Design			1,412.50			1,412.50	474,865.02
Gathering Space - Hardscape Stonework				27,334.40		27,334.40	447,530.62
Gathering Space - Additional Design Work				3,231.00		3,231.00	444,299.62
Gillespie Marble & Granite Works - Stair Engraving					590.00	590.00	443,709.62
TS Stoneworks & Water Gardens - Plaques					1,840.95	1,840.95	441,868.67
Southern Painting & Maintenance Specialists - Park Handrails					18,100.00	18,100.00	423,768.67
Signarama - Master Plan signage					2,800.00	2,800.00	420,968.67
Healing Garden - Hardscape swing					2,630.00	2,630.00	418,338.67
Gillespie CSP Donor Signage deposit					5,000.00	5,000.00	413,338.67
Signarama - Founders wall naming sign					2,030.26	2,030.26	411,308.41
Healing Garden Plants					384.17	384.17	410,924.24
Healing Garden Plants					117.66	117.66	410,806.58
Healing Garden Plants					140.00	140.00	410,666.58
Healing Garden River Bank Design					115.00	115.00	410,551.58
Healing Garden River Bank Survey, Plans, Permits, Drawings					70,000.00	70,000.00	340,551.58
Gathering Space & Healing Garden Additional Design					1,327.00	1,327.00	339,224.58
Gathering Space & Healing Garden Additional Design					1,301.00	1,301.00	337,923.58
Nature Path.Trail assesment					172.50	172.50	337,751.08
Arbor Engineering - Healing Bank design			201.25			201.25	337,549.83
Gillespie Sculpture Signage - 2nd of 4 payments			5,000.00			5,000.00	332,549.83

Southern Painting & Maintenance Specialists - CHH Stairs & Beacon of Hope Handrails		1,708.00				1,708.00	330,841.83
Gillespie Sculpture Signage - 3rd of 4 payments		5,000.00				5,000.00	325,841.83
Arbor Engineering - CSP Master Plan update		11.00				11.00	325,830.83
Arbor Engineering - Concept Plan review and meeting w Jennings Environmental		230.00				230.00	325,600.83
Arbor Engineering - Survivor Bell Design Changes		201.25				201.25	325,399.58
Jeff Holland - Music Bell Design Costs		10,000.00				10,000.00	315,399.58
<b>Grand Total</b>	<b>-</b>	<b>22,351.50</b>	<b>25,134.98</b>	<b>30,565.40</b>	<b>106,548.54</b>	<b>184,600.42</b>	<b>315,399.58</b>

**Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :**

**Expenditure Certification**

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date