SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION & TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME:	lon Commus	nitu Alliance
PROJECT NAME:		

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.

Stephanie Mitchell PRINTED NAME
PRINTED NAME
Executive Director
TITLE
Strohanie Mitchell SIGNATURE
SIGNATURE
9-30-2022
DATE