Western Oregon UNIVERSITY

Attachment C

Cost Sharing/ Matching Commitments

Please complete each section below
Signatures from administrators will be initiated by the SPO team directly via Adobe Sign

Staff Cost Matching

Name/ Position	Division/ Department	Time Frame of effort	Amount of effort (If designated)	Cost (If designated)	Index	Name of administrator	*Administrator Approval*

Faculty Cost Matching

Name/ Position	Division/ Department	Project effort and plan including contract availability	Amount of effort (If designated)	Cost (If designated)	Index	Name of administrator	*Administrator Approval*

TOGETHER WE
SUCCEED

Supplies/ Services or Other Cost Matching							
Supplies/Services	Division/Department Responsible for Purchase	Time Frame of match	Amount of effort (If designated)	Cost (If designated)	Index	Name of Administrator	*Administrator Approval*

TOGETHER WE
SUCCEED