

ICR Split Request at Award

Please use this form to request new Indirect Cost Recovery (ICR) Split(s) or to request changes to existing splits. *CCO will apply the most recent split received via this form.* Please complete all fields below and obtain appropriate signatures from Chairs, Directors, or Deans. This DocuSign template is set to cc to <u>icrsplit@colorado.edu</u>.

*Initiator (name & department): *Department Code - Name *Project Number (e.g., 1548978) Please use semicolons to list multiple items. *Speedtype

*Org ID Dept Name/Acronym - % Split

Splits must total 100% and will be applied to all projects and speedtypes populated above. (for example: 10099 INSTAAR - 50%; 10160 E& E Bio – 50%)

Comments:

*By signing below, I agree to the proposed ICR split for this project.

Signature	Date	Signature	Date	Signature	Date
Signature	Date	Signature	Date	Signature	Date
Signature	Date	Signature	Date	Signature	Date
Signature	Date	Signature	Date	Signature	Date

Updated November 30, 2018