

**UNIVERSITY OF COLORADO AT COLORADO SPRINGS
EAS ICR & WORKLOAD DISTRIBUTION APPROVAL FORM**

DIFFERENTIAL F&A DISTRIBUTION ADDENDUM BETWEEN INVESTIGATORS/UNITS

Principal Investigator: _____

Proposal Title: _____

Sponsor: _____

The following distribution of indirect cost return (of the portion normally credited to the investigator) has been agreed upon: (insert details)

The following distribution of workload (if different than the distribution above) has been agreed upon: (insert details)

PI Signature & Date _____

CO-PI Signature & Date _____

CO-PI Signature & Date _____

CO-PI Signature & Date _____

CO-PI Signature & Date _____

PI Department/Dean Signatures:

Dept. Chair Date

Center/Institute Director, if applicable Date

Co-PI Department/Dean Signatures:

Dept. Chair Date

Center/Institute Director, if applicable Date

Co-PI Department/Dean Signatures:

Dept. Chair Date

Center/Institute Director, if applicable Date

Co-PI Department/Dean Signatures:

Dept. Chair Date

Center/Institute Director, if applicable Date

Co-PI Department/Dean Signatures:

Dept. Chair Date

Center/Institute Director, if applicable Date