

FAU Confidential WORKS DISCLOSURE FORM

For FAU Office of Technology Transfer Use Only

Received at OTT on: _____, by: (name) _____ (initials) _____
 OTT reviewed and accepted as complete: _____ (This date starts 60 day FAU ownership election period.)
 OTT person determining completeness: (name) _____ (initials) _____
 OTT sent copy of Form to Chair(s) and Dean(s) of Creators as notification: (date) _____
 Disclosure presented to FAU Intellectual Property Committee for Recommendation of FAU ownership: (date) _____
FAU Election of Rights: acquire title; premature or incomplete; or waive FAU's rights
Comments: _____
Signed by Vice President for Research or designee:
 _____ Date: _____
 (Name) _____ (Signature) _____

To be completed by the FAU employee.

1. TITLE OF WORK: _____

2. SUBMITTING CREATOR'S INFORMATION:

Name: _____

Work Phone: _____ Fax: _____ Email: _____

3. THE WORK is a _____ Traditional Work of Scholarship, a _____ Regular Instructional Work, or an _____ Other .

a. Brief description

b. Attach a detailed description in most efficient format

c. State of the Art (Include literature, copyrights or presentations of which you are aware.)

d. How is the Work unique?

e. Does the Work need more work? ___NO ___YES Funds needed - \$ _____ Time needed- _____

f. Earliest date of the Work _____.

4. MATERIAL(S) from third parties:

	<u>Material</u>	<u>Source</u>	<u>Contact Name</u>	<u>Phone</u>	<u>License (Y/N)</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

5. SUPPORT NOTE: percentages of all support for this Work should add up to 100%

a. FAU SUPPORT: _____%
 Place _____ Location _____

b. OTHER SUPPORT: _____%
 Name _____
 Grant/Contracts Number _____
 Address _____
 Contact Person _____ Phone _____ Email _____
 Grant Title _____
 P.I. Name _____ Phone _____ Email _____

c. FUTURE SUPPORT – Do you intend to apply for Federal funding to reduce this Work to practice? ___NO ___YES
 If yes, you must notify the FAU-OTT and report the Work on your closing grant reports.

6. DISCLOSURE Which of the following have you done or do you intend to do with the Work?

	<u>NO</u>	<u>YES</u>	<u>DATE</u>	<u>CDA</u>	<u>GIVE PUBLICATION, MEETING, OR COMPANY</u>
a. Publish	___	___	_____	___	_____
b. Oral Presentation	___	___	_____	___	_____
c. Poster Session	___	___	_____	___	_____
d. Disclose to Industry	___	___	_____	___	_____
e. Posting on Internet	___	___	_____	___	_____
f. Offer for sale	___	___	_____	___	_____
g. Sold	___	___	_____	___	_____
h. Seen by non-FAU persons	___	___	_____	___	_____

7. CREATOR(S):

FAU CREATOR(S) (including students)

Name: _____
 Official Title/Position: _____ Citizenship: _____
 Department: _____ College: _____
 Work Address: _____
 Work Phone: _____ Fax: _____ Email: _____
 Home Address: _____
 Home Phone: _____ Fax: _____ Email: _____

I agree that any income from this invention will be distributed equally among the Creator(s). ___ Yes ___ No
 If NO to the above question, what percentage should you receive? _____

Signature: _____ **Date:** _____

NON-FAU CREATOR(S) (industry and/or university)

Name: _____
 Official Title/Position: _____
 Employer: _____ Department: _____
 Work Address: _____ Citizenship: _____
 Work Phone: _____ Fax: _____ Email: _____
 Home Address: _____
 Home Phone: _____ Fax: _____ Email: _____

I have disclosed this invention to my employer. ___ YES ___ NO
 I agree that any income from this invention will be distributed equally among the Creator(s). ___ Yes ___ No
 If NO to the above question, what percentage should you receive? _____

Signature: _____ **Date:** _____

8. COMMERCIALIZATION OF THE WORK – (Check those that apply.)

- a. ___ The Creator(s) wish to continue research on this Work.
- b. ___ The Creator(s) want FAU to commercialize this Work.
- c. ___ The Creator(s) wish to obtain the rights to this Work if the university elects to waive its rights.
- d. ___ The Creator(s) want FAU to license this Work a company owned by the Creator(s).
- e. ___ The Creator(s) want this Work dedicated to the public domain.

9. ADDITIONAL COMMENTS FROM THE CREATOR(S):

**HAND DELIVER ORIGINAL AND ONE COPY TO THE DIVISION OF RESEARCH
 OFFICE OF TECHNOLOGY TRANSFER, BOCA RATON CAMPUS, ADM 232 (EXTENSION 7-1165)**