Intellectual Property	For Internal Use Only	
<b>Disclosure Form</b>	Date Received	Certify Completion
Abilene Christian University– Office of Research & Sponsored Programs		
<b>INSTRUCTIONS</b> : Fill in every blank field with the ref "N/A" as appropriate. If the space provided is insul pages as needed to expand answers. When this for legal document for intellectual property protection When complete, email this form to <b>orsp@acu.edu</b>	ficient, enter "see attached m is completely executed, n.	d sheet" and attach plain
SECTION I: DIS	SCLOSURE TYPE	
<ul> <li>Biological Materials</li> <li>Other Materials</li> <li>Other Materials</li> <li>Mechanical Invention</li> <li>Other (describe):</li> </ul>		al Materials
SECTION II: DESCRIPTION OF INVEN		
Please attach relevant sketches, drawir 2a. DESCRIPTIVE TITLE.	igs, photos, reports, ana/oi	rmanuscripts
<b>2b. DESCRIPTION/ABSTRACT.</b> Describe the invention purpose and operation? What are the features beli		or software. What is the

<b>2c. PRIOR EXISTING TECHNOLOGY.</b> Describe the previous method, material or apparatus used by		
others to perform the purpose of this invention (if applicable), and give their		
limitations/disadvantages.		

**2d. ADVANTAGES.** State the advantages of this technology over the Prior Existing Technology described in paragraph 2c. Why is the invention more advantageous than present technology? What problems does it solve? What are its novel and unusual features?

**2e. COMMERCIAL INTEREST/INDUSTRY PARTNERS.** Who would be the customer/end user? What companies would be potential partners?

## SECTION III: PUBLIC DISCLOSURE AND PUBLICATIONS

**3a. PUBLIC DISCLOSURE.** *Has a written paper, presentation, work, or other description of the technology been <u>offered</u> to a publisher or journal, <u>published</u>, or <u>made available to the public in any capacity?</u> Yes \Box No* 

If yes:

- 1. Short Title:
- 2. To whom:
- 3. When:
- 4. Where:

If not, do you plan on publishing or publicly presenting the technology within the next 6 months? Yes No

- 1. To whom:
- 2. When:
- 3. Where:

**3b. PRIOR AGREEMENTS.** During the last five years, have any of the inventors signed any documents or agreements of any type during a visit to an outside entity such as commercial or government research labs concerning this or been employed by another entity claiming ownership of the intellectual property of its employees?  $\Box$  Yes  $\Box$  No

If yes:

- 1. To whom:
- 2. Dates:
- 3. Where:

SECTIO	SECTION IV: GRANTS, SPONSORSHIP, AND SUPPORT			
<b>4a. CONTRACTS, GRANTS, AND OTHER SOURCES OF SUPPORT.</b> Please describe <u>ALL</u> sources of internal and external funding that supported the development of this IP, outside of the usual salary and office space/supplies provided for typical employment by ACU. This may include internal grants; additional ACU funds provided for salaries, extra pay, laboratory space, materials, supplies & equipment; external grants and contracts; and donor support. If additional space is needed, please attach a				
separate sheet.  No support was provided outside of standard ACU salaries and office space/supplies provided as part of usual employment				
<ol> <li>Source of Funding: PI Name: Amount of Funding: Grant or Contract Num Grant or Contract Title,</li> </ol>				
<ol> <li>Source of Funding: PI Name: Amount of Funding: Grant or Contract Number, if available: Grant or Contract Title, if available:</li> </ol>				
<ol> <li>Source of Funding: PI Name: Amount of Funding: Grant or Contract Num Grant or Contract Title,</li> </ol>				
<b>4b. PERMISSIONS.</b> <i>Did you or any of the authors use material from others (such as software, manuscripts, or other works) to produce the work?</i> □ Yes □ No If yes, what is the permission source?				
<b>4c. WORK-FOR-HIRE.</b> Fill out this section if your disclosure is a work-for-hire activity commissioned by the University as described in Section 4.6 of the Intellectual Property Policy. Please list all ACU facilities and materials budgeted for the development of the technology. Please include any release time, student salaries, special services, and subcontracts that were budgeted.				
Facility/Material/Personnel	Dates	Approximate Total Hours	Approximate Cost	

## SECTION V: INVENTOR/CREATOR INFORMATION

**5. INVENTORS/CREATORS.** Please complete the information below for all inventors/collaborators, including collaborators from other institutions. All fields are required. Copy this page for additional individuals, if needed. <u>All inventors/creators must initial and date this form in the space provided.</u> <u>Electronic signatures may be used only when verified (e.g., ESign).</u>

Initials:	Date:	Relative Contribution %		
Initials	Data:	Lead Inventor/Creator  Yes No		
Division/Department:		Cell Phone: Work Email:		
College:		Work Phone:		
University:		Citizenship:		
Title:		Country:		
Last Name:		City, State, Zip:		
Middle Initial:		Work Address Line 2:		
First Name:		Work Address Line 1:		
		Relative Contribution %		
Initials:	Date:	Lead Inventor/Creator 🗆 Yes 🛛 No		
		Work Email:		
Division/Department:		Cell Phone:		
College:		Work Phone:		
University:		Citizenship:		
Title:		Country:		
Last Name:		City, State, Zip:		
Middle Initial:		Work Address Line 2:		
First Name:		Work Address Line 1:	_	
		Relative Contribution %		
Initials:	Date:	Lead Inventor/Creator 🗆 Yes 🛛 🗆 No	_	
-		Work Email:		
Division/Department:		Cell Phone:		
College:		Work Phone:		
University:		Citizenship:		
Title:		Country:		
Last Name:		City, State, Zip:		
Middle Initial:		Work Address Line 2:		
First Name:		Work Address Line 1:		
Relative Contribution %				
Initials:	Date:	Lead Inventor/Creator  Yes No		
		Work Email:		
Division/Department:		Cell Phone:		
College:		Work Phone:		
University:		Citizenship:		
Last Name: Title:		City, State, Zip: Country:		
Middle Initial:		Work Address Line 2:		
Middle Initial				

SECTION VI: DEPARTMENT & COLLEGE CERTIFICATION				
<b>6. CERTIFICATIONS.</b> Every inventor's/creator's Department Chair and College Dean must sign to confirm the University's contribution and external contract and grant support. Copy this page for additional signatures if needed.				
DEPARTMENT CHAIRS				
Department: Name:	Department: Name:			
Signature:	Signature:			
Date:	Date:			
DEANS				
College:	College:			
Name:	Name:			
Signature:	Signature:			
Date:	Date:			
SECTION VII: FOR ADMINISTRATIVE USE ONLY				
The University Intellectual Property Committee ha	as reviewed this disclosure form and <u>recommends</u> :			
<ul> <li>There is currently no Intellectual Property as per Section 3.1 of the Intellectual Property Policy.</li> <li>However, this assessment may change with further developments.</li> <li>There is currently Intellectual Property and recommends the University assert its interest and rights in the Intellectual Property.</li> <li>There is currently Intellectual Property and recommends the University waive its interest and rights in the Intellectual Property.</li> </ul>				
The above recommendations will be made to the Provost, who will determine Abilene Christian University's final position. The final determination will be made in writing to the Inventor's/Creator's. If there is Intellectual Property, the University will, within a reasonable timeframe, propose a contract to either: 1) pursue the Intellectual Property with a royalty sharing agreement, or 2) waive the University's interest and rights in the Intellectual Property with a royalty and/or licensing agreement.				