**Creative Work Disclosure Form**

Thank you for disclosing your Creative Work to KU Center for Technology Commercialization (KUCTC). We will confidentially review the materials that you provide us. We look forward to working with you to facilitate the translation of your new discovery into a commercial product/process. We are here to help in any way – please contact us with any questions you may have.

**— KUCTC Staff**

**Revised March 2023**

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| **Instructions** | |
| **Why submit a Creative Work Disclosure Form:** | * Completion of the Creative Work Disclosure Form is the first step in the commercialization process and supplies KUCTC with the necessary information to begin assessing the Creative Work. * All federal funding sources and most other funding sources require intellectual property reporting, and this document will facilitate KU’s compliance with those obligations. * The KU IP Policy governs the disposition of all intellectual property created or authored by faculty, staff and students. |
| **How to complete the Creative Work Disclosure Form:** | * Complete the form by typing directly in the text boxes. * Create a Title to identify the Creative Work. Enter it in the space provided in Part I. * When complete, print the form. * Prior to submitting to KUCTC, each contributor must:   + Complete the Contributor page   **\*KU contributors include all contributors at KU at the time of creation of the Creative Work.** |
| **Where to send the form once it is completed:** | * Scan the completed form and email it to [kuctc@ku.edu](mailto:%20kuctc@ku.edu). If you have been in contact with one of our licensing staff, please note that person’s name in the email and cc the email to the licensing staff person.   OR   * Mail your completed form to   KUCTC | 2029 Becker Drive, #142 | Lawrence, KS 66047 |

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| **Part I: Creative Work Information** | | |
| **Creative Work Title:** [Title] | | |
| **Previous Program:** | | |
| Is this Creative Work related to a previous Creative Work disclosed to KUCTC? | | Yes  No |
| **Creative Work Description:** | | |
| Provide a brief description of the Creative Work being disclosed: | | |
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| Please attach any supporting information, such as a summary, PowerPoint, illustrations, draft manuscripts or abstracts that describe your work and its purpose or utility. | | |
| **Establishment of Creative Work History:** | | |
| Is this a derivative work? | Yes  No  If Yes, attach details. Please indicate original work below and whether or not you are the owner of the copyright in the original work: | |
| Is this a Multimedia Program? | Yes  No  If yes, please attach details. | |

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| **Creative Work Title:** [Title] | | | | | | | | | | | | | |
| Has this Creative Work been described either in a **publication**  *(e.g. abstract, poster, manuscript, website, or powerpoint)*  or **verbally disclosed** *(e.g. presentation, talk, or meeting with industry)*  **to the public** *(i.e. external to KU)?* | | | | | | | |  | | | Yes  No | | |
|  | If **yes**, please attach any files that contain the disclosure material and list **where** and **when** you **disclosed.** | | | | | | | | | | | | |
| Please include names of periodicals/journals/conferences. | | | | | Where: | | | | | | | | Date: |
| Where: | | | | | | | | Date: |
| Where: | | | | | | | | Date: |
| Where: | | | | | | | | Date: |
| Provide date of completion of the work and reduction to tangible medium (e.g. song, lyrics, paper, film, etc.) | | | | | | | Date: | | | | | | |
| **Was the Work:** | | | | | | | | | | | | | |
| * Created within the course and scope of your University Employment? | | | | | | | | | | Yes  No | | | |
| * Created within the scope of a sponsored research agreement or a grant? | | | | | | | | | | Yes  No | | | |
| * Created as a result of independent academic or scholarly research (that was not pursuant to a sponsored research agreement or a grant)? | | | | | | | | | | Yes  No | | | |
| * Was the work a deliverable specified in the sponsored research agreement or grant? | | | | | | | | | | Yes  No | | | |
| * Created outside the course and scope of University Employment? | | | | | | | | | | Yes  No | | | |
| **Commercialization Potential:** | | | | | | | | | | | | | |
| List the likely potential commercial product(s) or application(s) for this Creative Work: | | | | | |  | | | | | | | |
| Briefly describe any problems or existing needs that this Creative Work addresses: | | | | | |  | | | | | | | |
| **Creative Work Title:** [Title] | | | | | | | | | | | | | |
| List any current competitive or compatible technologies, and describe the advantages of this Creative Work over those technologies. | | | | | |  | | | | | | | |
| Do you have any available data or information on the market potential/size? | | | | | | | | | | Yes  No | | | |
| If yes, please provide the data. | | | | | | | | | | | | | |
| Describe the current developmental stage of the Creative Work: | | | | | | | | | | | | | |
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| Is work on the Creative Work continuing? | | | | | | | | | | Yes  No | | | |
| If yes, please provide the source of on-going funding. | | | | | | | | | | | | | |
| List the development work that will be performed in the next six (6) months: | | | | | | | | | | | | | |
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| **Commercialization Contacts:** | | | | | | | | | | | | | |
| List any potential licensees (e.g. companies, investors, or entrepreneurs) that may be interested in commercializing this Creative Work. Please attach additional sheet if more space is required. | | | | | | | | | | | | | |
| ***Company Name*** | | ***Contact Person*** | | | | | | | ***Contact Information*** | | | | |
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| **Creative Work Title:** [Title] | | | | | | | | | | | | | |
| **Part II: Financial Resources / Prior Obligations** | | | | | | | | | | | | | |
| ***Funding Information:*** If you received full or partial support during any stage of your research resulting in the Creative Work, or if you have acknowledged or plan to acknowledge a funding source in a publication or grant progress report in which you describe the Creative Work, please indicate all source(s) of your funding by checking the appropriate box or boxes below. If you were not funded, please check none.  Federal  Foundation  Industry  State  Internal  Other  None | | | | | | | | | | | | | |
| Please identify below each funding source’s name and each corresponding grant, contract or award number/ID. | | | | | | | | | | | | | |
| **Funding Source Name**  *(List primary funding source first)* | | | **Grant/Contract/Award Numbers/IDs**  *(Please do not list cost center numbers)* | | | | | | | | | **Principal Investigator** | |
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| **Third Party Material:** | | | | | | | | | | | | | |
| Was any material or equipment provided by a third party? | | | | Yes  No  Unknown | | | | | | | | | |
| **If yes**, please provide details: | | | |  | | | | | | | | | |
| Is any of the material or equipment proprietary or subject to export control? | | | | Yes  No | | | | | | | | | |
| **If yes**, please provide details: | | | |  | | | | | | | | | |
| **If yes**, was a material transfer agreement signed? | | | | Yes  No | | | | | | | | | |

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| **Creative Work Title:** [Title] | | |
| Indicate the material and from where you received the material: |  | |
| Is the Creative Work modification or improvement to an existing work? | Yes  No | |
| Indicate what other licenses you believe are required to operate this Creative Work: |  | |
| **Export Control:** | | |
| Did the research resulting in the creative work have any of the following characteristics?   * "Dual use" (*commercial in nature with possible military application*) or inherently military in nature * Remote sensors, lasers, micro-electronics * Geological surveying using advance electronics and software * Bio-technology development * Aerospace engineering * Advanced computing * Controlled chemicals, biological agents, and toxins | | Yes  No |
| *For additional information check* [*https://export-compliance.ku.edu/compliance*](https://export-compliance.ku.edu/compliance) | | |
| If “Yes” please explain: | | |
| If you answered “yes”, do any of the following occur?   * a physical transfer/disclosure of an item outside the U.S. * any transfer/disclosure of a controlled item or information within the U.S. to a foreign national * participation of foreign national faculty, staff, or students who requires access to controlled technology * presentation/discussion of previously unpublished research at conferences or meetings where foreign national scholars may be in attendance * research collaborations with foreign nationals and technical exchange programs * transfers of research equipment abroad * visits to your work areas by foreign nationals | | Yes  No |
| If you answered “Yes” to the above list, please explain: | | |

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| **Creative Work Title:** [Title] | | | |
| **Percent Contribution Allocation:** | | | |
| List **ALL** contributors (non-KU contributors should also be included) and the percentage of their contribution below.  List percentage of contribution at the time of this disclosure. The “Contribution %” should reflect each inventor’s contribution to the concepts of the creative work and be agreed upon by all inventors. Inventorship has a legal meaning under patent law and will be finally determined by KU-appointed patent counsel in accordance with applicable patent laws should KUCTC proceed with patent filing. KUCTC understands that contributions may fluctuate as the technology is developed.  Please return the form in 10 business days. A provisional patent application will be filed and equal distribution will be assumed after this time period. | | | |
| Contributor | % | Contributor’s Institution  *List the Inventor’s Institution only if they are a Non-KU Employee during the research leading to this creative work* |
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| **Signature and Date of KUCTC Representative:** |
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| **Executive Director Date** |

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| **Part IV: Contributor Information** |

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| **CONTRIBUTOR #1 - PRIMARY CONTACT** | | |
| Name: | Citizenship/Visa Status: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | |
| No VA Appointment  VA Appointment: Dually Appointed  VA Appointment Without Compensation | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this creative work? | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | Yes  No |

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| **KU Contributor #2** | | |
| Name: | Citizenship/Visa Status: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | |
| No VA Appointment  Dually Appointed  Without Compensation | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this creative work? | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | Yes  No |

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| **KU Contributor #3** | | |
| Name: | Citizenship/Visa Status: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | |
| No VA Appointment  Dually Appointed  Without Compensation | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this creative work? | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | Yes  No |

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| **KU Contributor #4** | | |
| Name: | Citizenship/Visa Status: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | |
| No VA Appointment  Dually Appointed  Without Compensation | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this creative work? | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | Yes  No |

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| **KU Contributor #5** | | |
| Name: | Citizenship/Visa Status: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | |
| No VA Appointment  Dually Appointed  Without Compensation | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this creative work? | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | Yes  No |

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| **KU Contributor #6** | | |
| Name: | Citizenship/Visa Status: | |
| Home Address: | Home/Cell Phone: | |
| Home Email: | |
| Work Email: | | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| **Veterans Affairs (VA) Appointment Affiliation:** | | |
| No VA Appointment  Dually Appointed  Without Compensation | | |
| If you have a VA Appointment, did you perform any research activities at the VA for this creative work? | | Yes  No |
| If you have a VA Appointment and answered “No” above, were you appointed to exclusively perform clinical services, attending services, or educational activities? | | Yes  No |

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| **Non-KU Contributor #1** | | |
| Name: | | Position: |
| Institution: | | |
| Job Title: | Citizenship/Visa Status: | |
| Primary Phone Number: | Work Email: | |
| Home Address: | Home Email: | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| Are you a Federal Employee? | Yes  No | |

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| **Non-KU Contributor #1** | | |
| Name: | | Position: |
| Institution: | | |
| Job Title: | Citizenship/Visa Status: | |
| Primary Phone Number: | Work Email: | |
| Home Address: | Home Email: | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| Are you a Federal Employee? | Yes  No | |

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| **Non-KU Contributor #3** | | |
| Name: | | Position: |
| Institution: | | |
| Job Title: | Citizenship/Visa Status: | |
| Primary Phone Number: | Work Email: | |
| Home Address: | Home Email: | |
| If you are a faculty member, please list the **department and school** to which you are appointed: |  | |
| If you are **not a faculty member**, please list the department, center or institute in which you are employed: |  | |
| Are you a Federal Employee? | Yes  No | |