**Software Disclosure Form**

Thank you for disclosing your Software 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 June 2020**

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| **Instructions** | |
| **Why submit a Software Disclosure Form:** | * Completion of the Software 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 Software Disclosure Form:** | * Complete the form by typing directly in the text boxes. * Create a Title to identify the Software. 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: Software Information** | | | | |
| **Software Title:** [Title] | | | | |
| **Previous Program:** | | | | |
| Is this Software related to a previous Software Program disclosed to KUCTC? | | | | Yes  No |
| **Software Description:** | | | | |
| Provide a brief description of the Software 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 Software History:** | | | | |
| Conception of Software | Date: | Has this date been documented? | Yes  No | |
| If so, where? | | | |

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| **Software Title:** [Title] | | | | | | | |
| Is this a derivative work? | | Yes  No If Yes, attach details. | | | | | |
| A “derivative work” is a work based upon one or more preexisting works, such as a translation, musical arrangement, dramatization, fictionalization, motion picture version, sound recording, art reproduction, abridgment, condensation, or any other form in which a work may be recast, transformed, or adapted. | | | | | | | |
| Was open source code used in the development of this software? | | Yes  No If Yes, attach details. | | | | | |
| Has this software 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 for **previous disclosure.** | | | Where: | | | | Date: |
| Where: | | | | Date: |
| If **unpublished and undisclosed**, provide the anticipated publication or public oral disclosure date and any submissions made for potential publication. | | | | | | | |
| List the names of periodicals/journals/conference for **anticipated** disclosure. | | | Where: | | | | Date: |
| Where: | | | | Date: |
| Completion of model or prototype | | | | Date: | | | |
| First successful operational test | | | | Date: | | | |
| Is the software a modification or improvement to an existing work? | | | | Yes  No | | | |
| Indicate what other software licenses you believe are required to operate this software: | | | | | | | |

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| **Software Title:** [Title] | | |
| **Commercialization Potential:** | | |
| Do you foresee a potential revenue generation of more than ten thousand dollars a year? | Yes  No | |
| List the likely potential commercial product(s) or application(s) for this Software: | | |
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| Briefly describe any problems or existing needs that this Software addresses: | | |
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| List any elements of the Software that you believe to be novel, if any: | | |
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| 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 Software.  (e.g. conceptual, tested in experiments or computer simulations, working prototype, etc.) | | |
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| Is work on the Software 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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| **Software Title:** [Title] | | |
| **Commercialization Contacts:** | | |
| List any potential licensees (e.g. companies, investors, or entrepreneurs) that may be interested in commercializing this Software. Please attach additional sheet if more space is required. | | |
| ***Company Name*** | ***Contact Person*** | ***Contact Information*** |
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| **Part II: Financial Resources / Prior Obligations** | | | |
| ***Funding Information:*** If you received full or partial support during any stage of your research resulting in the Software, or if you have acknowledged or plan to acknowledge a funding source in a publication or grant progress report in which you describe the software, 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)* | **Award Date** | **Principal Investigator** |
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| **Software Title:** [Title] | | |
| **Third Party Material:** | | |
| Was any material or equipment provided by a third party? | Yes  No  Unknown | |
| **If yes**, please provide details: |  | |
| **If yes**, was a material transfer agreement signed? | Yes  No | |
| Indicate the material and from where you received the material: |  | |
| **Export Control:** | | |
| Did the research resulting in the software 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: | | |
| **Note:** There are number of projects that might be subject to export control following are some examples:  (1) international collaboration which may involve export of goods, technology or technical data;  (2) commercial and military application;  (3) remote sensors, lasers & micro-electronics;  (4) geological surveying using advanced electronics and software;  (5) biotechnology development;  (6) aerospace engineering;  (7) advanced computing and  (8) research with controlled chemicals, biological agents, and toxins.  Please contact KUCTC for additional information/clarification.  Fundamental research exclusion applies when results are widely published and accessible. However, does not apply to physical goods, material or software, or if sponsor restricts participation of foreign nationals, publication or disclosure of results; or when physical export of controlled goods or technology is expected.  For more information see: <https://export-compliance.ku.edu/export-links> | | |

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| **Software 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 Software and be agreed upon by all contributors. KUCTC understands that contributions may fluctuate as the technology is developed.  If the contributors cannot agree to contribution percentages, KUCTC will assume an equal distribution. | | | |
| Contributor | % | Contributor’s Institution  *List the Inventor’s Institution only if they are a Non-KU Employee during the research leading to this software.* |
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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 software? | | 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 software? | | 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 software? | | 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 software? | | 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 software? | | 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 software? | | 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 #2** | | |
| 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 | |