

Appendix IV

Florida Atlantic University

Disclosure of Financial Conflict of Interest Status

Federal regulations require that the university manage, reduce, or eliminate any actual or potential conflicts of interest that may be presented by the compensated outside activities and other financial interests of persons involved in sponsored research projects. In keeping with the State of Florida Code of Ethics (Section 112.313, Florida Statutes), it is Florida Atlantic University policy that this form be submitted to the Division of Sponsored Research with every proposal for sponsored research or educational activities and be updated periodically.

Type of Disclosure: (check one) **Proposal Submission** **Annual Update** **Periodic Revision**

***Investigator:** _____ **Department/College** _____

Title of Proposal/Project: _____

Funding Agency: _____

Principal Investigator (if different): _____

- I have no **financial interest(s)** that would reasonably appear to affect or be affected by this proposed or funded sponsored project.
- I am disclosing the following **financial interest(s)** that would reasonably appear to affect or be affected by this proposed sponsored project, and I am attaching supporting documentation that identifies the business enterprise or entity involved and the nature and amount of the interest:
 - Salary or other payments for services, such as consulting fees and honoraria.
 - Equity interests, such as stocks and stock options.
 - Intellectual property rights, such as patents, copyrights, and royalties.
 - Other significant financial interests that possibly would affect or be perceived to affect the results of the research, educational or service activities funded or proposed for funding.
- Further, I agree
- to update this disclosure annually during the period of the award and any time new reportable significant financial interests are obtained, and
- to comply with any conditions or restrictions imposed by Florida Atlantic University to manage, reduce or eliminate actual or potential conflicts of interest, or forfeit the award.

Investigator's signature: _____ **Date:** _____
(Original signatures only; a "per" signature is unacceptable)

This form must accompany all proposals.

*** Definitions:**

1. For the purpose of this disclosure, **investigator** is defined as the Principal Investigator/Project Director, Co-Principal Investigator, and any other persons who is responsible for the design, conduct, or reporting of research, educational or service activities funded (or proposed for funding) by an external sponsor.

Appendix VI

REPORT OF SPECIFIED INTEREST

An employee is required under Florida law, University rules, and/or provisions of a Collective Bargaining Agreement to disclose contractual relationships, including financial and managerial interests, with an entity that proposes to do business with the University prior to such business being conducted. In the case of financial and managerial interests, the information required extends to the spouse and/or child of the employee and, for managerial interests, to relatives. Please note that an employee must submit the disclosure information and obtain required approvals on an annual basis.

Specific Activity - Please check the appropriate interest and/or activities and provide the information requested. In the case of numbers one (1) and two (2) below, the declaration applies to immediate family and to certain relatives.

- _____ 1. **Financial Interest**, i.e., direct or indirect ownership of assets or capital stock of the business entity. Name and location of business entity, the nature of the financial interest (proprietorship, partnership, interest and/or stock ownership, etc.), brief description of business to be conducted with the University, the department/unit from which business is to be solicited, and the source of funding (if applicable) to be used to pay for the product/services.
- _____ 2. **Managerial Interest**, i.e. officer, director, partner, proprietor, etc., of the business entity. Name and location of business entity, the nature of managerial interest, brief description of business to be conducted with the University, the department/unit from which business is to be solicited, and the source of funding (if applicable) to be used to pay for the product/service.
- _____ 3. **Employment or Other Contractual Relationship**. Name and location of business entity or agency, the nature of employment and/or other contractual relationship, brief description of business to be conducted with the University, the department/unit from which business is to be solicited, and the source of funding (if applicable) to be used to pay for the product/service.
- _____ 4. **Textbook/Instructional Materials**. Name of textbook/instructional materials and publisher and brief description of use at the University.
- _____ 5. **Candidate for Political Office**. Name of office, dates of campaign, length of term, if elected.
Any report that is to continue beyond August 6 must be resubmitted for review and action prior to August 7 of each year, including authorship of textbooks.

Description of Interest/Activity. Please indicate the interest(s)/Activity (Activities) being described:

It is the employee's responsibility to ensure that an approved copy of this form is attached to any "Requisition to Purchase for items 1 and 2. Note that each transaction is subject to review, and justification/explanation may be required to determine if a conflict of interest exists and to comply with state regulations.

I hereby certify that the information reported here is accurate and complete and does not create a conflict of interest or interfere with the efficient and faithful performance of my professional responsibilities or other institutional obligations.

Employee's Name

Employee's Signature

Date

Employee's Title

Department

Reviewed By:

Chairperson or Director

Date

Dean or Director

Date

Vice President (if appropriate)

Date

Approved By:

President (or Designee)

Date

DISTRIBUTION: White -Personnel Services Yellow -Provost/Vice President Pink -General Counsel Gold -Employee

Appendix VII FAU Confidential INVENTION 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 120 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 INVENTION: _____

2. SUBMITTING INVENTOR/CREATOR:

Name: _____
 Work Phone: _____ Fax: _____ Email: _____

3. THE INVENTION:

- a. Brief description.

- b. Attach detailed description of the invention.

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

- d. How this invention is unique or novel?

- e. Stage of development (Check those that apply.)
 ___ concept ___ able to demonstrate ___ working prototype ___ tested ___ ready to manufacture

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

- g. Date Invention was conceived _____.

4. MATERIAL(S) from third parties:

| Material | Source | Contact Name | Phone | License (Y/N) |
|----------|--------|--------------|-------|---------------|
| a. _____ | _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ | _____ |

5. SUPPORT NOTE: percentages of all support for this invention 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 _____

If this Invention has been supported by the United States Government and is included in a license agreement to a third party, it is understood that no earned royalties will be collected or paid to Florida Atlantic University for sales to the United States Government due to overriding obligations to the United States Government including those set forth in 35 U.S.C. §200-212 and applicable governmental implementing regulations and the obligation to report on utilization of the Invention set forth in 37 CFR §401.14(h).

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

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

| | <u>NO</u> | <u>YES</u> | <u>DATE</u> | <u>CDA</u> | <u>MTA</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. CREATORS/INVENTOR(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 INVENTION – (Check those that apply.)

- a. ___ The Creator(s) wish to continue research on this invention.
- b. ___ The Creator(s) want FAU to commercialize this invention.
- c. ___ The Creator(s) wish to obtain the rights to this invention if the university elects to waive its rights.
- d. ___ The Creator(s) want FAU to license this invention a company owned by the Creator(s).
- e. ___ The Creator(s) want this invention 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 218 (EXTENSION 7-0202)

Appendix VIII

FAU CASE # _____

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 _____

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: _____
 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

Signature: _____ **Date:** _____

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

Name: _____
 Official Title/Position: _____ Citizenship: _____
 Work Address: _____
 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

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, 3731 FAU BLVD, RESEARCH PARK, BOCA RATON CAMPUS (EXTENSION 7-0202)**