**MOBILE APP REPORT**

**CONFIDENTIAL**

**ABOUT TH­IS FORM**

Thank you for disclosing your mobile application to the Office of Technology Management (OTM). This Disclosure Form provides basic information which helps the OTM evaluate the mobile application disclosed herein and to determine if it meets the requirements of the various mobile platform agreements that govern the technical and substantive requirements of developing a mobile application (“Application”).

It is not necessary to answer every question in order to submit this form.

Please also note that you can save this form and return to complete it at a later date. Once you submit this form, you will receive an email with the content of your submission. *(online version only)*

We will assign your report to a technology manager who may arrange a meeting with you. The purpose of the meeting will be to acquaint you with our process, gain a more comprehensive understanding of your technology, and define next steps.

Please note that it is the responsibility of the creator(s) to notify the head(s) of the departments & units listed on the form below that this report has been submitted.

If you do not know an answer, if you have any questions, or would like help completing the form, please contact our office at (217) 333-7862; [otm@illinois.edu](mailto:otm@illinois.edu).

We look forward to working with you.

Office of Technology Management

319 Ceramics Building, MC-243

105 South Goodwin Avenue

Urbana, IL 61801-2901

(217) 333-7862

otm@illinois.edu

**SECTION I: CONTRIBUTOR INFORMATION**

*For internal use*

Office ID:

Please list all creators. Place an asterisk (\*) next to the name of the creator to whom correspondence should be sent.

If any person holds a sole or joint appointment with any other university, company, or government agency, please note that fact.

\*Space for additional contributors can be found at the end of this form.

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| --- | --- | --- | --- |
| **A. UNIVERSITY OF ILLINOIS CONTRIBUTORS** | | | |
| Name |  | Email |  |
| UIN |  | Home Address |  |
| Department/Appointment |  | City, State, Zip |  |
| Phone |  | Citizenship |  |
| Name |  | Email |  |
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| Phone |  | Citizenship |  |
| Name |  | Email |  |
| UIN |  | Home Address |  |
| Department/Appointment |  | City, State, Zip |  |
| Phone |  | Citizenship |  |
| Department(s) where research was conducted: | | | |
| Department(s) that administered funding: | | | |

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| --- | --- | --- | --- |
| **B. EXTERNAL CONTRIBUTORS** | | | |
| Name |  | Work City, State, Zip |  |
| Company/Institution |  | Home Address |  |
| Phone |  | Home City, State, Zip |  |
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| For the research with the above external contributors, was this work done under a collaboration agreement, subaward, or sponsored research agreement negotiated by Sponsored Programs Administration (SPA)?  Yes No  If yes, please provide the contract number and/or Banner number: | | | |
| Sponsor Award Number |  | Banner Grant Code |  |

**SECTION II: FUNDING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **A. SPONSORSHIP** | | | |
| Please identify all grants, contracts and other sources of funds contributing to the research that led to the work such as Federal grants or commercially sponsored research agreements.  ADD ADDITIONAL ROWS IF NECESSARY | | | |
| AGENCY/SPONSOR | SPONSOR AWARD NUMBER | BANNER GRANT CODE | Was the project description in this grant directly related to the disclosed invention? |
|  |  |  | Yes No |
|  |  |  | Yes No |

**SECTION III: WORK INFORMATION**

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| **A. NAME OF APPLICATION** |
|  |

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| **B. APPLICATION OVERVIEW** |
| i. Please provide a short summary of the application. What problem does the application address? What are its features and benefits and points of novelty? What are its advantages over existing applications? |
| ii. What commercial applications are most similar to your application? |
| **C. TECHNICAL DETAILS OF THE APPLICATION** |
| i. Hardware requirements: |
| ii. Describe user interface: |
| iii. Required utilities: |
| iv. Programming language: |
| v. Current state of development: |
| vi. Identify any 3rd party content included (for example, code, video, images, audio, or data): |
| vii. Development tools used: |

|  |  |
| --- | --- |
| **D. APPLICATION DEVELOPMENT** | |
| Please provide any dates relating to the history of the application’s development.  ADD ADDITIONAL ROWS IF NECESSARY | |
| DATE (MM/DD/YYYY) | SIGNIFICANCE OF DATE |
|  |  |
|  |  |
|  |  |

**SECTION IV: COMMERCIALIZATION**

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| **A. APPLICATION PURPOSE** |
| i. Did you develop the application with the intent of distributing for a fee or without a fee?  For a fee Without a fee |
| ii. Specify uses for the application (e.g. gaming, educational, social networking, sports, health, news, etc.). |
| iii. If applicable, what are the commercial uses for the application? |
| iv. What do you think the price of the application should be? |

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| **B. POTENTIAL USERS** |
| Who are the potential end users of your application? |

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| **C. MARKETPLACE FOR THE APPLICATION** |
| SELECT ONE: |
| Apple App Store |
| Google Play |
| Other  Please describe: |

**SECTION V: SIGNATURE**

The corresponding creator should sign and date:

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

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| **\*A. UNIVERSITY OF ILLINOIS CONTRIBUTORS (CONTINUED)** | | | |
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| UIN |  | Home Address |  |
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| --- | --- | --- | --- |
| **\*B. EXTERNAL CONTRIBUTORS (CONTINUED)** | | | |
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