**SOFTWARE AND COPYRIGHT REPORT**

**CONFIDENTIAL**

**ABOUT TH­IS FORM**

Thank you for reporting this work to the Office of Technology Management. This form is the first step in a process that could potentially lead to commercialization of this technology. Completion of the form provides the office with basic information that will help us evaluate and potentially protect and license the intellectual property.

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: CONTRIBUTORS**

*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 |  |
| UIN |  | Home Address |  |
| Department/Appointment |  | City, State, Zip |  |
| 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: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **B. EXTERNAL CONTRIBUTORS** | | | |
| Name |  | Work City, State, Zip |  |
| Company/Institution |  | Home Address |  |
| Phone |  | Home City, State, Zip |  |
| Email |  | Citizenship |  |
| Work Address |  |  |  |
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| Email |  | Citizenship |  |
| Work Address |  |  |  |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |

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| **B. OTHER AGREEMENTS + INTERACTIONS** |
| Identify any agreements or interactions that you have entered into that are related to the work and might grant rights to a company or other party outside of the University. For example, consortia agreements or consulting agreements etc. |
| Are there any contracts with third parties related to this work, for example consulting agreements or confidentiality agreements?  Yes No  If yes, please provide details: |

**SECTION III: WORK**

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| --- |
| **A. WORK TITLE** |
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| --- |
| **B. WORK OVERVIEW** |
| i. Please provide a short summary of the work. What problem does the work address? What are its features and benefits and points of novelty? What are its advantages over existing technology? |
| ii. What commercial software products are most similar to your work? |
| iii. What is the difference between existing software and your software? |
| iv. What are the commercial uses for your software? |

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| **C. TECHNICAL DETAILS OF THE WORK** |
| i. Is this a stand-alone product?  Yes No  If no, please explain: |
| ii. Hardware requirements: |
| iii. Operating system requirements: |
| iv. Describe user interface: |
| v. Current state of development: |
| vi. Identify any 3rd party code included: |
| vii. Required distribution format: |

**SECTION IV: DEVELOPMENT**

|  |  |  |
| --- | --- | --- |
| **A. HISTORY OF THE WORK** | | |
| i. When and where was work on this software completed? | | |
| ii. Please identify current and previous versions, dates of release, and briefly summarize the differences for each version of the work.  ADD ADDITIONAL ROWS IF NECESSARY | | |
| VERSION | RELEASE DATE (MM/DD/YYYY) | CHANGES FROM  PRIOR VERSIONS |
|  |  |  |
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| **B. PUBLICATIONS, PRESENTATIONS + OTHER FORMS OF PUBLIC DISTRIBUTION** | | | | | |
| i. Please list all publications concerning this specific software work.  ADD ADDITIONAL ROWS IF NECESSARY | | | | | |
| PAPER/FIGURE/MATERIAL | | | PUBLISHED? | | |
|  | | | Yes No | | |
|  | | | Yes No | | |
|  | | | Yes No | | |
| ii. Please list all individuals outside of the University of Illinois that have received the software.  ADD ADDITIONAL ROWS IF NECESSARY | | | | | |
| PERSON | ORGANIZATION | DATE RELEASED  (MM/DD/YYYY) | | SOURCE CODE | VERSION RELEASED |
|  |  |  | | Yes No |  |
|  |  |  | | Yes No |  |
|  |  |  | | Yes No |  |

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| **C. STAGE OF DEVELOPMENT** | |
| SELECT ONE: | |
| Concept | Beta Test |
| Prototype | Ready to Release |

**SECTION V: COMMERCIALIZATION**

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| **A. POTENTIAL USERS** |
| i. Who are the potential end users of your software? |
| ii. Please list any parties currently interested in licensing your software: |
| iii. What industry groups or professional associations include members potentially interested in this work? |
| iv. Are you willing to assist potential licensees with use and future development of the software? |

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| **B. FUTURE USE** |
| i. Is there a new, underlying algorithm incorporated into this software? |
| ii. Do you think this software could provide a foundation for the formation of a start-up company? |
| iii. Do any of the creators have interest in starting up a company to further develop, market, and support the software?  Yes. No  Uncertain, I’m interested in learning more  If so, who? |
| iv. Do you want this software to be made available through Open Source or Academic Use licensing?  Open Source Academic Use  If so, please explain your reasons for Open Source or Academic Use licensing: |

**SECTION VI: SIGNATURE**

The corresponding creator should sign and date:

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

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

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

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