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| **For Internal Use, Only**  Disclosure Number: \_\_\_\_\_\_\_\_\_\_\_  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**Innovative Creation Disclosure Form**

This form should be completed for copyrightable subject matter and other innovations developed at the University.

Please prepare this form with care, it is an important legal document. Please attach any additional documents you feel would be helpful in describing the novel idea. If you have any questions, please contact the University’s Director for Innovation and Venture Development, Mark Fox, at (419) 372-8717.

* Please send a hard copy of this form, signed by all of the contributors, to: Office of Research & Economic Engagement, 140 McFall, Bowling Green State University, Bowling Green Ohio, 43404.
* Please also e-mail the completed form to: [foxmw@bgsu.edu](mailto:foxmw@bgsu.edu)

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| 1. **Description of Innovation** (Briefly describe the capabilities of the innovation without disclosing specific details) |
| Title: |
| Abstract Description (Brief Non-Confidential Summary): |

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| 1. **Contributor(s)** (Primary Contact Person should be listed first) |
| Identify all individuals who have made a material contribution to the conception of the complete and operative innovation as it will be applied in practice. Please add additional Contributors if applicable.   |  |  |  | | --- | --- | --- | | **Contributor #1** | Name: | Title: | | College: | Department: | % contribution to concept\* | | Work Email: | Campus Phone: | Citizenship: | | Personal Email: | Home Phone: | Home Address: |  |  |  |  | | --- | --- | --- | | **Contributor #2** | Name: | Title: | | College: | Department: | % contribution to concept\* | | Work Email: | Campus Phone: | Citizenship: | | Personal Email: | Home Phone: | Home Address: |  |  |  |  | | --- | --- | --- | | **Contributor #3** | Name: | Title: | | College: | Department: | % contribution to concept\* | | Work Email: | Campus Phone: | Citizenship: | | Personal Email: | Home Phone: | Home Address: |  |  |  |  | | --- | --- | --- | | **Contributor #4** | Name: | Title: | | College: | Department: | % contribution to concept\* | | Work Email: | Campus Phone: | Citizenship: | | Personal Email: | Home Phone: | Home Address: | |
| \*Subject to change. Contributor revenue will be shared per the terms of BGSU Policy on this basis, which may be changed upon mutual written consent. |

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| 1. **Detailed Description** (Provide a description which is detailed enough to fully explain the idea) |
| General purpose and problem solved by the idea: |
| Unique or novel features of the innovation and/or results or benefits of use. |
| Detailed Description: Please submit the detailed description separately as “Attachment A.”  The Attachment should include any data, drawings, sketches, photos, reports, or other related information. |

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| **4. Conception & Reduction to Practice** (Provide information regarding the first successful operation of the innovation) | |
| Conception Date and Location: | Has reduction to practice occurred?  Yes  No |
| List (or attach) any drawings, sketches, photos, reports, descriptions, notebook entries, etc. which show or describe the Conception of the innovation: | |
| If there was joint development, indicate what contributions were made by each Contributor. | |

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| **5. Outside Sources of Materials** (provide information regarding any material relevant to the innovation that was received from an entity outside of the University) | |
| Was any non-commercially available material obtained from others to create this innovation? | |
| Please identify the material: | Institution/company involved in the transfer: |
| Did a Material Transfer Agreement or other document accompany the transfer? (please attach any relevant documentation) | |

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| **6. Commercialization Potential** |
| What products, processes, or services would result from the innovation? |
| State of development of the innovation at this time. (For example, has it been tested and is it ready for commercial development). |
| Is work on the innovation continuing? Are there limitations to be overcome or other tasks to be done prior to practical application? Please attach any test data |
| Estimate of the amount of time and funds necessary to put the innovation into condition for sale to the public. |
| What commercial companies may be interested in the innovation? |

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| **8. Sponsorship** (List all sources that supported the reduction to practice of the innovation and provide copies of any grant award documents) |
| **Federal Funds**   |  |  |  | | --- | --- | --- | | Principal Investigator: | Funding Agency: | Title: | | Grant Number: | SPAR ID Number: | Award Date: |  |  |  |  | | --- | --- | --- | | Principal Investigator: | Funding Agency: | Title: | | Grant Number: | SPAR ID Number: | Award Date: |   **Corporate or Private Foundation Sponsors**   |  |  |  | | --- | --- | --- | | Principle Investigator: | Funding Agency: | Title: | | Grant Number: | SPAR ID Number: | Award Date: |  |  |  |  | | --- | --- | --- | | Principle Investigator: | Funding Agency: | Title: | | Grant Number: | SPAR ID Number: | Award Date: |   **Collaboration with Other Institutions**   |  |  |  | | --- | --- | --- | | Principle Investigator: | Funding Agency: | Title: | | Grant Number: | SPAR ID Number: | Award Date: |  |  |  |  | | --- | --- | --- | | Principle Investigator: | Funding Agency: | Title: | | Grant Number: | SPAR ID Number: | Award Date: |   **Additional Funding Sources:** |

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| **10. Disclosure of the Innovation (if any)** (List all public & private presentations or disclosures & attach copies.) |
| **Past Disclosures**   |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |  |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |  |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |   **Planned Disclosures**   |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |  |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |  |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |   **Additional Disclosures:** |

**In order for this creative innovation disclosure to be complete and processed by the Office of Research & Economic Engagement, it must be reviewed and signed by ALL Contributor(s) in the spaces provided below.**

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| **Signature of All Contributors:** |
| I certify that all of the information provided herein is complete and accurate to the best of my knowledge.  I have reviewed and understand the Patent and Copyright policies of Bowling Green State University.   |  |  | | --- | --- | | Printed Name: | Title: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |  |  | | --- | --- | | Printed Name: | Title: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |  |  | | --- | --- | | Printed Name: | Title: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |  |  | | --- | --- | | Printed Name: | Title: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | |