

Intellectual Property Disclosure Form

4. Where &/or how will this idea be used/implemented? *(Attach additional pages if necessary)*

5. What is the total budget for this project? _____ Actual Projected

6. What outside entities are assisting with the funding this project and what is the level of support?

Funding Source: ☐ Federal- _____ % / \$ _____ ☐ State- _____ % / \$ _____

☐ Corporate- _____ % / \$ _____ ☐ Foundation- _____ % / \$ _____

☐ Other- _____ % / \$ _____

7. What University financial resources are to be used for this project? *(Check all that apply)*

☐ ORU Operating Funds- _____ % / \$ _____ Fund # _____

☐ ORU Restricted Funds- _____ % / \$ _____ Fund # _____

☐ ORU Seed Grant Funds- _____ % / \$ _____

☐ ORU Growth Fund- _____ % / \$ _____

☐ ORU Other - _____ % / \$ _____ Fund # _____

8. What University material resources are to be used for this project? *(Attach additional pages if necessary)*

Equipment: _____

Supplies: _____

Materials: _____

Space: _____

Other: _____

9. How would you like the Intellectual Property aspect of this project to be handled?

☐ a. Researcher(s) agree to Oral Roberts University's Intellectual Property policy and agree to abide by it fully.

☐ b. Researcher(s) do not agree with Oral Roberts University's Intellectual Property policy and wish to have this project brought before the Intellectual Property Committee.

c. Please explain the concerns/suggestions the research(s) would like to bring before the committee. *(Attach additional pages if necessary)*

10. Please sign below to state that all information, to the best of your knowledge, is true. By signing you are also affirming that you have been made aware of, and understand, ORU's Intellectual Property standards as set forth in the University's Intellectual Property Policy and the Faculty/Staff Handbook.

Researcher: _____ Date: _____

Researcher: _____ Date: _____

Researcher: _____ Date: _____

Researcher: _____ Date: _____

Researcher: _____ Date: _____

Researcher: _____ Date: _____

Department Head as Witness*: _____ Date: _____

**If research(s) span departments, only one department head signature is required to act as a witness.*