**Enabling Disclosure Worksheet - INSTRUCTIONS**

In accordance with Arizona Board of Regents (“ABOR”) [Policy 3-901](https://public.azregents.edu/Policy%20Manual/3-901-Conflict%20of%20Interest.pdf).B, “[t]he University must identify, on a case-by-case basis, individual and institutional conflicts of interest and conflicts of commitment that may arise as a result of [a] proposed transfer [of technology to employees or regents].” The information provided in this Enabling Disclosure Worksheet is reviewed by the University’s Institutional Review Committee, Executive Review Committee, and the Senior Vice President for Research to comply with this policy.

**INSTRUCTIONS FOR UNIVERSITY INVENTORS:**

Please complete this Enabling Disclosure Worksheet in coordination with the University’s COI Program. Contact the COI Program at [coi@email.arizona.edu](mailto:coi@email.arizona.edu) or 520-626-6406 to schedule a meeting. You must complete an in-person or telephonic training with the COI Program before submitting this form. Please also see the “Guide for Licensees” brochure provided to you by your TLA Licensing Manager.

Your COI, Conflict of Commitment (“COC”), and Procurement and Contracting Services (“PACS”) forms must be updated to reflect the formation of the new company and/or your interest in the company. **This Enabling Disclosure Worksheet does not replace the need to update the COI, COC, and PACS forms on an ongoing basis as circumstances change.** Below are links to the forms, instructions, and policies.

***Conflict of Interest Disclosure:***

|  |  |
| --- | --- |
| *Disclosure Form:* | <https://uavpr.arizona.edu/COI/> |
| *Instructions for completing/updating the form:* | <http://rgw.arizona.edu/compliance/conflict-interest-program/individual-conflict-interest-research/instructions-completing-your-financial-disclosure> |
| *Individual COI in Research Policy:* | <http://policy.arizona.edu/research/individual-conflict-interest-research> |

***Conflict of Commitment:***

|  |  |
| --- | --- |
| *Form:* | [https://uavpr.arizona.edu/COC](https://uavpr.arizona.edu/COI/coc.php) |
| *Conflict of Commitment Policy:* | <http://policy.arizona.edu/research/conflict-commitment-policy> |

***Procurement and Contracting Services Conflict of Interest*:**

|  |  |
| --- | --- |
| *Form*: | <https://pacs.arizona.edu/sites/pacs/files/coi_form_fillable_8-25-2017_0.pdf> |
| *Policy*: | <http://pacs.arizona.edu/conflict_of_interest> |

**APPROVAL INSTRUCTIONS FOR DEPARTMENT HEADS AND DEANS:**

You are being asked to review this Enabling Disclosure Worksheet in connection with the anticipated license of ABOR-owned IP to a faculty-affiliated company. Please review it carefully so that you understand the expected role of the faculty member with respect to this licensee, and any anticipated overlap with the faculty member’s institutional responsibilities. This approval process is aimed, in part, at providing you with an early opportunity to identify and address issues and concerns that might arise down the road as a result of this license. Considerations you may wish to factor into your review include:

* any anticipated overlap between University research and the company’s planned work, including whether the faculty member will be submitting grant proposals through the company;
* whether unmanageable or difficult-to-manage conflicts with University research are foreseeable given the company’s business plan, and whether proactive steps should be taken now to mitigate or manage such conflicts;
* any anticipated role for students and whether additional protections may need to be put in place; and
* any anticipated use of University resources, such as facilities or equipment.

Before approving this form, please address any concerns or questions you may have directly with the faculty member. If appropriate, please memorialize any conditions to your approval in this form or in the faculty member’s conflict of commitment approval. If you have questions about the process or the appropriateness of any activity, you may reach out to TLA ([info@tla.arizona.edu](mailto:info@tla.arizona.edu)), the COI Program ([coi@email.arizona.edu](mailto:coi@email.arizona.edu)), or others as needed. To the extent you have questions or

**Enabling Disclosure Worksheet**

***Proposed License to IP between UA and a Company in which an Employee Holds an Equity Interest***

Please complete this Enabling Disclosure Worksheet and provide it to Rakhi Gibbons ([RakhiG@tla.arizona.edu](mailto:RakhiG@tla.arizona.edu)) and Conflict of Interest ([coi@email.arizona.edu](mailto:coi@email.arizona.edu)). For questions related to the worksheet and timelines for licensing, contact Rakhi. For questions about UA COI policies, contact the COI Program.

**Description of Intellectual Property**

1. Please provide the UA File Number, title, and list of inventors for the technology that will be licensed (the “Intellectual Property”).

UA File No. [\_\_\_\_\_\_], entitled “[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]”. Inventors: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_].

1. Please provide a lay summary to describe the Intellectual Property (e.g. purpose of technology).

**Description of the Company**

1. Name of Company (even if tentative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Identify individuals with a “substantial interest[[1]](#footnote-1)” in the entity. Include the following individuals if they have a “substantial interest” in the entity:

* UA employee(s):

*[Name, title, department, college, description of interest]*

* Along with:
  + the University employee’s spouse, child, grandchild, parent, grandparent, brother or sister of whole or half blood, and such brother or sister’s spouse, and,
  + the parent, brother, sister, or child of a spouse **if these relatives have a substantial interest in the entity.**

Please indicate which individuals are affiliated with the University.

1. Provide a business summary, including a basic overview of the proposed business and, at minimum, entity’s mission, goals and function.
2. Include a proposed organizational chart of the entity, outlining individual roles within the entity and individuals with equity interests in the entity, individuals with managerial roles within the entity, employees of the entity who are also UA employees, and individuals who provide consulting services to the entity who are also UA employees. Please include the names of these individuals and indicate if the individual is affiliated with the University. *NOTE: This includes University employees, students and trainees.*
3. Do you anticipate that any students (undergraduate or graduate students) or trainees (including post-docs) will work or intern for the company? If so, please list their names.
4. If the company has already been legally formed, please indicate the type of company (LLC or Inc.), the state, and date of formation. Otherwise, indicate when you expect the entity to be formed.

**Current Related Research**

1. Please indicate the source of funding for the research that led to the development of the Intellectual Property. At a minimum, please include the **sponsor, project name, principal investigator,** and a **brief summary** of the research project. *(This information should have been provided on the Invention Disclosure Form.)*
2. To your knowledge, is the Intellectual Property related to any other research you conduct at the University (sponsored, internally funded, or not sponsored)? If yes, please describe the other research and briefly explain how the Intellectual Property is related.
3. Did the research described above involve any of the following? (Please check all that apply.)

* Export-controlled data or material
* Animals
* Human subjects
* Recombinant and biohazardous materials
* Hazardous chemicals or chemical waste
* Radiation or radioactive materials
* Other areas subject to compliance obligations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The research did not involve any of the above.

1. Is research that led to the IP ongoing? If so, when is the expected completion date?

**Future Research**

1. Do you plan to apply for SBIR or STTR grants or other grants through the company? If so, do you plan to partner with the University?
2. Do you anticipate that any of the research described under Question 13 above will involve any of the following? (Please check all that apply.)

* Export-controlled data or material
* Animals
* Human subjects
* Recombinant and biohazardous materials
* Hazardous chemicals or chemical waste
* Radiation or radioactive materials
* Other areas subject to compliance obligations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The research will not involve any of the above.

***Clearly define how individuals will separate duties at the entity from duties at the University***

1. When University research clearly and directly relates to the activities of the entity, you (or other University affiliated personnel described under Question 4 above) may be asked to not participate as an investigator in the research at the University or may be asked to have some limitations placed on your role in the research.
   1. In this instance, how do you anticipate participating in the research?

* 1. Will the research be able to continue without your taking the Principal Investigator role?

1. Do you anticipate that any students (undergraduate or graduate students) or trainees (including post-docs) will work on any future research at the University that will involve partnering with the company? If so, please include their names below.
2. Do you anticipate that any students (undergraduate or graduate students) or trainees (including post-docs) will work on University research related to the Intellectual Property? If so, please include their names below.

**Additional Questions**

1. Will the Intellectual Property be used in any instructional activities at the University (i.e. teaching, student/trainee mentorship, etc.)? If so, please explain.
2. Do the activities of the entity overlap with any instructional activities at the University (i.e. teaching, student/trainee mentorship, etc.)? If so, please explain.
3. Will the Intellectual Property be used in connection with the service component of your institutional responsibilities (committees, organizations, scholarship, etc.)? If so, please explain.
4. Do the activities of the entity overlap with (or potentially conflict with) the service component of your institutional responsibilities (committees, organizations, scholarship, etc.)? If so, please explain.
5. Do you anticipate the entity having any of the following relationships with the University?

Use of University facilities                                                        □YES    □NO

If YES, provide a brief description of expected use:

Provision of services from UA                                    □YES    □NO

If YES, provide a brief description of expected services:

Subcontracting on grants & contracts FROM UA?          □YES    □NO

If YES, please provide a brief description of expected subcontracting from UA to the entity:

Subcontracting to UA?                                                        □YES    □NO

If YES, provide a brief description of other expected subcontracting:

Selling of Goods or Services TO UA                                    □YES    □NO

If YES, provide a brief description of expected good or services sold to UA:

Selling of Goods or Services TO the State?                      □YES    □NO

If YES, provide a brief description of expected goods or services sold to State:

[Signature Page Follows]

**Acknowledgments and Approvals**:

[*Signature lines should be added for each UA employee* ***with a role in the entity*** *and all corresponding supervisors (for staff) and department heads and deans (for faculty). These will be added following an initial review of the worksheet by TLA and the Conflict of Interest Program.*]Please note: signatures should be obtained from all corresponding department heads and deans associated with all appointments at The University of Arizona.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Name:

Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Name:

Title:

**FOR ADMINISTRATIVE USE ONLY**

|  |
| --- |
| **Conflict of Interest Program Acknowledgment**: The signature below indicates that the University affiliated individuals named in Question 4 above have met with the Conflict of Interest Program to complete the required in-person or telephonic training in connection with the submission of this form.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name:  Title:  **Institutional Approval**  *Approval contingent upon IRC and ERC review and approval*  Date of IRC Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of ERC Chair Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AVP, Tech Launch Arizona \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Senior Vice President, Research and Innovation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. For the purposes of this form, a “substantial interest” includes any pecuniary or proprietary interest in the entity. This includes any conceivable financial relationship with the company (including equity or other ownership interest held in the company) and any compensated or uncompensated managerial positions in the company. [↑](#footnote-ref-1)