**ALL CONTENT MUST BE TYPED**

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# Section 1: Company Information

|  |  |
| --- | --- |
| Full Legal Name of Company |  |
| Company Mailing Address |  |
| CEO (or equivalent) Name |  |
| CEO Phone Number |  |
| CEO Email Address |  |
| Date of Submission (MM/DD/YYYY) |  |

(The remainder of this page is intentionally blank)

# Section 2: Equity Interests of University Members and Immediate Family

To include all members of the Immediate Family of a University Member, as defined by [University Policy 11-01-03](https://www.coi.pitt.edu/regulations-policies/university-policies)

Provide the full name, title, department affiliation, email, and phone number of all University Members and members of their immediate families who will have an equity interest, including stock options or warrants, in the company. In addition, please provide the name of the direct supervisor of all University Members who will have an equity interest in the company. Add additional sections as needed.

## University-Affiliated Equity Holders

|  |  |
| --- | --- |
| Name |  |
| University Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |
| University Direct Supervisor |  |

|  |  |
| --- | --- |
| Name |  |
| University Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |
| University Direct Supervisor |  |

## Related University Members

If any above-named individual’s Immediate Family member is also a University employee but is not personally taking an equity interest or establishing any other financial relationship with the company, please provide his or her full name, department affiliation, email and phone number and indicate to whom he or she is related.

|  |  |
| --- | --- |
| Name |  |
| University Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |
| To Whom and How Related |  |

# Section 3: Management Team and Board of Directors

Provide the name, title, department, email address, phone number, and name of direct supervisor of all University Members who will be serving in management or officer positions (e.g., CEO, CSO, CTO, etc.; Managing Member; member of the Board of Directors). Add or remove additional sections as needed.

If a person listed below will receive compensation for service and/or is signing a formal contract with the company for his or her role, please type “Yes” in the applicable fields. Do not provide compensation amounts.

|  |  |
| --- | --- |
| Name |  |
| Management/Officer Position Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |
| University Direct Supervisor |  |
| Compensation for Service? (Yes/No) |  |
| Intend to Sign Contract? (Yes/No) |  |

|  |  |
| --- | --- |
| Name |  |
| Management/Officer Position Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |
| University Direct Supervisor |  |
| Compensation for Service? (Yes/No) |  |
| Intend to Sign Contract? (Yes/No) |  |

# Section 4: Consulting

Provide the name, title, department, email address, phone number, and name of direct supervisor of any University Members who will be performing consulting services (such as serving on the Scientific Advisory Board) for the company with or without compensation. In the field provided, please describe his or her proposed role and anticipated time commitments. Add or remove additional sections as needed.

If a person listed below will receive compensation for service and/or is signing a formal contract with the company for his or her service, please type “Yes” in the applicable fields. Do not provide compensation amounts.

|  |  |
| --- | --- |
| Name |  |
| University Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |
| University Direct Supervisor |  |
| Compensation for Service? (Yes/No) |  |
| Intend to Sign Contract? (Yes/No) |  |
| Description of Proposed Role and Expected Time Commitment |  |

|  |  |
| --- | --- |
| Name |  |
| University Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |
| University Direct Supervisor |  |
| Compensation for Service? (Yes/No) |  |
| Intend to Sign Contract? (Yes/No) |  |
| Description of Proposed Role and Expected Time Commitment |  |

# Section 5: Option/License Agreement

## Description of Technology

Briefly describe the University technology to be optioned or licensed to the company in a way that is understandable to a general audience.

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## Description of Proposed IP Agreement

Include a description of the type and general terms of the proposed IP agreement between the University and the company, noting any non-standard terms.

Provide the IP exhibit for the proposed agreement as obtained from the [Innovation Institute’s Licensing Manager(s)](http://innovation.pitt.edu).

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## Inventors, Authors, and Developers

List all inventors/authors/developers of the IP that is covered under the option/license agreement who are currently University Members, regardless of whether they are taking equity and/or establishing any other financial relationship with the company. Add additional sections as needed.

|  |  |
| --- | --- |
| Name |  |
| University Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |

|  |  |
| --- | --- |
| Name |  |
| University Title |  |
| University Department |  |
| University Email |  |
| University Phone |  |

# Section 6: Business Plan

Provide a description of products or services to be developed and sold by the company, including information on the current development status of the intellectual property (IP) to be optioned/licensed from the University, and sources of current and pending or proposed funding.

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# Section 7: Existing or Proposed Company Sponsored Research

Provide abstracts and detailed budgets for any existing or proposed research projects to be sponsored by the company at the University (including those funded by SBIRs/STTRs). Describe the participation of any University Members in this research and include IRB or IACUC protocol numbers as applicable. You may provide this information as a separate attachment.

*NOTE: All investigators must show effort commensurate with their role on the project. The budget must cover the full cost of the project, including salary support for all investigators and the application of the full facilities and administration (F&A or indirect cost) rate. Any exceptions must have written approval from the Senior Vice Chancellor for Research.*

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# Section 8: Other Research Support

List all other current or proposed funding supporting research that will be conducted University Members who hold equity in and/or have any other financial or fiduciary relationship with the company *that is evaluating or further developing any products or IP owned by the company* (including the IP that is covered under the option/license agreement with the University). Include IRB or IACUC protocol numbers as applicable.

If you are unsure whether a research project is evaluating or developing products or IP owned by the company, please contact the [COI Office](http://www.coi.pitt.edu/people/coi-office-staff).

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# Section 9: Public Health Service (PHS) Research Support

For each University employee or student who has a financial or fiduciary relationship with the company, provide a complete list of awards from PHS agencies not listed under section 8 that support their University activities.

**Include only grants and contracts from the agencies or offices listed below:**

* Agency for Healthcare Research and Quality (AHRQ)
* Agency for Toxic Substances and Disease Registry (ATSDR)
* Centers for Disease Control and Prevention (CDC)
* Food and Drug Administration (FDA)
* Health Resources and Services Administration (HRSA)
* Indian Health Service (IHS)
* National Institutes of Health (NIH)
* Substance Abuse and Mental Health Services Administration (SAMHSA)

Include the full grant/contract number, title, and name of the PI. For subawards to the University of Pittsburgh, include the name and institution of the PI of the prime award, as well as the name of the University of Pittsburgh PI. You may provide this information as a separate attachment.

|  |
| --- |
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# Section 10: Supplemental Compliance and Approval Forms

Provide signed [Licensed Start-up Company (LSC) Policy Compliance Statements](http://pi.tt/coiforms) from all University Members with financial interests in or management/officer positions with the company stating that they understand and will comply with all relevant University policies.

Supervisors of the above University Members must also sign the [Approval of Relationship with Licensed Start-Up Company](http://pi.tt/coiforms) form alongside the submitted LSC Policy Compliance Statement, documenting his or her approval of the proposed involvement of the University Member in the entrepreneurial endeavor.

**Return all completed Information Submission Forms**to the Conflict of Interest Committee, c/o Conflict of Interest Office by email at [coi@pitt.edu](mailto:coi@pitt.edu) for processing.   
Please provide all draft forms in Microsoft Word file format.

# Section 11: Signatures

**DO NOT SIGN BELOW until the final draft of this ISF is approved by the COI Office.**The COI Office will obtain all signatures electronically.

**All University Members who will be taking equity in or holding fiduciary positions with the company:**

By signing below, I certify that the information contained herein is accurate and complete to the best of my knowledge.

Signature Date (MM/DD/YYYY)  
  
   
Printed Name

Signature Date (MM/DD/YYYY)  
  
   
Printed Name

Signature Date (MM/DD/YYYY)  
  
   
Printed Name

Signature Date (MM/DD/YYYY)  
  
   
Printed Name