

CONFIDENTIAL SOFTWARE DISCLOSURE FORM

Ryerson Polytechnic University
Office of Research Services
350 Victoria Street
Toronto, ON M5B 2K3

1. Title of computer software

2. Descriptive Abstract of Software *(Please provide a brief summary of the objective of the program.)*

3. Contributing Developers *(Preliminary and non-binding. All must sign "Declaration" on last page.)*

Name	Title	RPU Department or Organization (if non RPU)	Percent Participation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Sources of Support

Collaboration with Other Institutions *(if none, please note.)*

Federal Funds *(List granting or contracting agencies - if none, please note.)* RPU Account #

Corporate or Foundation Sponsors *(if none, please note. Please specify any gifts.)* RPU Account #

5. Demonstration of Computer Software

To others within the University:

To Whom Demonstrated Department Date Demonstrated

To others outside the University :

To Whom Demonstrated Organization Date Demonstrated

Who has a copy of the software *(if none do, please note):*

Person(s) Department/Organization Date Given

Identify any program code, data, files or other incorporated elements (including, for example, runtimes, voices or other sounds, graphics or other images) not original to the developer(s). Please append copies of releases or licenses.

Indicate if this software is a modification or an improvement to an existing work and identify that work and its developer(s):

OUTLINE FOR DETAILED DISCLOSURE

A. Description of the Computer Software:

- 1. Describe the methods used by the software: _____

- 2. Describe what hardware configuration is required to operate the software: _____
- 3. Identify what operating system is required: _____
- 4. Indicate what utilities are required: _____
- 5. Identify what programming language was used: _____
- 6. Indicate in what code format you recommend the software be distributed (e.g., object code only, object & source).

- 7. Assess how user-friendly the software is relative to its intended users (e.g., does it have help windows, a written *User's Manual*? Please provide a copy of the latter if available.) _____
- 8. Describe current state of program's development (fully functional? fully tested by you? tested by others?)

B. Market Potential for this computer software:

- 1. Point out the unique benefits the software offers to users and compare to alternative products or techniques (Why would someone want to use this program?)

- 2. What level of support for this software are you prepared to provide? _____
- 3. Summarize the marketing information you have:
 - a. Describe potential end users _____
 - b. Do you know some potential end users? If so, please list:

Organization	Personal Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
 - c. Estimate the price range for this software: _____
 - d. List potential publishers and/or distributors.

Organization	Personal Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
- 4. Do you know any independent experts in this technology or the relevant software market with whom we may communicate, with your approval, to get additional information?

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. While searching for potential licensees and/or research partners, the Office of Research Services will, with your assistance, produce a brief (i.e. 1-page) non-confidential summary of your invention or idea. As part of this "technology marketing" exercise, we may, with your permission, post a copy of this description in the "Technology Opportunities" section of our web site.

Do you agree to allow the posting of a non-confidential summary of your technology on our web site? ___Yes ___No

6. I/We have read, understood and agree to all of the preceding and declare that all of the information provided in this disclosure is complete and accurate. To the best of our knowledge, all persons who might legally make an ownership claim on this invention are identified on Page 1 of this disclosure.

Signature Date

Name:

Signature Date

Name:

Signature Date

Name:

Signature Date

Name:

The above confidential information was disclosed to and understood by:

Witness' Signature Date

Name:

REVIEWED BY:

Department Head Signature/ Director ORS
(Printed or typed name)

Date:

Filed:
Copy to Inventor:

Date:
Date:

Proposed Action by Office of Research Services (separate page if required):