

**Licensed Start - up Company (LSC)  
Information Submission Form**

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**Section 1: Company Information**

Name of Company	
Company Mailing Address	
CEO (or equivalent) Name	

(The remainder of this page is intentionally blank)

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

*To include family members of a University employee.* **Family member** : includes spouse, son/daughter, grandson/granddaughter, parent, grandparent, sibling, niece, nephew, aunt, uncle, cousin, and in-laws or step relations in those capacities; any person living in the employee's household; any person, regardless of their legal residence or domicile who receives 50% or more of their support from the employee (or employee's spouse); or any person who resided with the employee (or their spouse) for more than 180 days over the past year.

Provide the full name, title, department affiliation, email, and phone number of all University employees and family members 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 employees 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 Employees

If any above-named individual's Family member is also a University employee but is not personally taking an equity

### 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 employees who will be serving in



## 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.

### 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.

### Inventors, Authors, and Developers

List all inventors/authors/developers of the IP that is covered under the option/license agreement who are currently University employees, regardless of whether they are taking equity and/or establishing any other financial

## Section 6: Business Plan / Scope of Work

Provide a description of products or services to be developed / 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.



## 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:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Agency for Healthcare Research and Quality (AHRQ)        | <input checked="" type="checkbox"/> Health Resources and Services Administration (HRSA) |
| <input checked="" type="checkbox"/> Agency for Toxic Substances and Disease Registry (ATSDR) | <input checked="" type="checkbox"/> Indian Health Service (IHS)                         |
| <input checked="" type="checkbox"/> Centers for Disease Control and Prevention (CDC)         | <input checked="" type="checkbox"/> National Institutes of Health (NIH)                 |
| <input checked="" type="checkbox"/> Food and Drug Administration (FDA)                       |   |



## Section 10 Signatures

All University employees 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.

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Signature

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Date (MM/DD/YYYY)

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Printed Name

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Signature

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Date (MM/DD/YYYY)

---

Printed Name

---

Signature

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Date (MM/DD/YYYY)

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Printed Name