



CALIFORNIA SEA GRANT COLLEGE PROGRAM  
 9500 GILMAN DRIVE  
 LA JOLLA, CA 92093-0232  
 ATTN: DEBI JEFFERY

GRANT NO: \_\_\_\_\_ PROJECT LEADER: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ PROJECT NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PROPERTY/INVENTIONS/PATENTS/ROYALTIES**

\_\_\_ Inventions/patents/royalties are not involved.

\_\_\_ Inventions/patents/royalties are involved and descriptions are given on the last page of the California Sea Grant Annual or Completion Report questionnaire which I am also submitting with this statement.

In addition, I have filed an invention and technology disclosure form with the appropriate campus office\*.

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*UCSD researchers:** Technology Transfer Office, 858.534.5815, <http://invent.ucsd.edu/technology/disclosing.html>  
**Other UC campus researchers:** UC Office of Technology Transfer, Office of the President, (systemwide contact information) <http://www.ucop.edu/ott/contacts.html>; (forms) <http://www.ucop.edu/ott/documents/discifrm.html>



Grant Recipient Business/Department Officer's certification:

\_\_\_ Concurs

\_\_\_ Does not concur with the above information.

REMARKS:

\_\_\_ All program objectives have been satisfactorily completed including required deliverables.

SIGNED: \_\_\_\_\_  
 Business/Department Officer (MSO)

DATE: \_\_\_\_\_