



CALIFORNIA SEA GRANT COLLEGE PROGRAM
 9500 GILMAN DRIVE
 LA JOLLA, CA 92093-0232

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>

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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: _____