

# 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 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 employees who will be serving in management or officer positions (e.g., CEO, CSO, CTO, etc.; 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 employees 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 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/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.

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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 employees, 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 / 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 7: Existing or Proposed Company Sponsored Research

Provide abstracts 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 employees in this research and include IRB or IACUC protocol numbers as applicable. You may provide this information as a separate attachment.

## Section 8: Other Research Support

List all other current or proposed funding supporting research that will be conducted University employees 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 indicate in the text box below.

## 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 grant number, title, and name of the PI. For subawards to the University of South Alabama, include the name and institution of the PI of the prime award, as well as the name of the University of South Alabama PI. You may provide this information as a separate attachment.

**Return Information Submission Form to: [dlayton@southalabama.edu](mailto:dlayton@southalabama.edu)**



## 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)

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Printed Name

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Signature

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Date (MM/DD/YYYY)

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Printed Name