

San José State University Research Foundation
Declaration of Institutional Support (Inventions)

1. Name of Inventor(s):

2. Title of Invention:

3. Inventor(s) Declaration: An invention is considered to have partial institutional support if the institution incurs resource costs associated with the invention. Institutional support includes those costs which would not have been incurred by the institution in the absence of the development of the invention or discovery, as well as those other costs associated with the significant use of San José State University / SJSU Research Foundation equipment, supplies, facilities, employee time, or other institutional resources. I (we) declare that the following institutional resources were used in association with the development of my (our) invention: (If none, so indicate: if not applicable, write N/A.)

Category	Description	Dates Used	Amount of Support Received*
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Personnel / Services:

Supplies:

Equipment:

Existing:

Specifically acquired for invention:

Facilities (acquired solely or partially for invention):

Other institutional resources:

TOTAL DIRECT COSTS \$

Indirect Costs:

Estimate of Space/Utilities:

Other indirect costs:

TOTAL INDIRECT COSTS \$

TOTAL COSTS INCURRED BY INSTITUTION \$

*Indicate the source of funds (State, Foundation, other).

Signature of Inventor(s):

Date: _____

Date: _____

Date: _____

5. Department Chair: (*type name*)

I concur with the foregoing declaration of institutional resource costs associated with the above titled invention.

I do not concur with the foregoing estimate of institutional resource costs associated with the above titled invention. An amended statement of institutional resource costs associated with the above titled invention is attached.

Chair's Signature: _____

Date: _____

6. College Dean: (*type name*)

I concur with the foregoing declaration of institutional resource costs associated with the above titled invention.

I do not concur with the foregoing estimate of institutional resource costs associated with the above titled invention. An amended statement of institutional resource costs associated with the above titled invention is attached.

Dean's Signature: _____

Date: _____

Return this form to:

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Phone: 408-924-3811