**Copyright Disclosure Form**

**NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE**

**OFFICE OF MENTAL HEALTH**

**OFFICE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES**

**OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

**AND**

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.**

The purpose of this form is to disclose copyrighted works, software and digital media.

Guidelines:

* Disclosure of a copyrighted work is the first step in possible commercialization of the work;
* Provide a concise title to identify the work;
* Provide a brief description of the work, including the type of work, such as software, clinical instrument, digital media, sound recording, multimedia, education curriculum. If possible, include with form a copy of the work.
* Identify all sources of funding, including grant or contract numbers, that have contributed to the development of the work; and
* Identify the name of all contributors to the work.

If you need additional information or assistance in completing the form, please contact the RFMH Grant and Contracts Department:

Contracts

Research Foundation for Mental Hygiene, Inc.

150 Broadway, Suite 301

Menands, NY 12204

Phone: (518) 474-5661

Fax: (518) 474-6995

Email: contracts@rfmh.org

Please return completed form to the attention of the RFMH Grant and Contracts Department and provide a copy to the Institute Director or Deputy Director of Administration.

**CONTRIBUTORS** (If the contributor has a joint appointment with an affiliated organization, please name the organization):

|  |
| --- |
| NAME: |

Degree

|  |
| --- |
| INSTITUTE: |

|  |
| --- |
| DEPARTMENT: |
| PHONE: EMAIL: |

|  |
| --- |
| NAME: |

Degree

|  |
| --- |
| INSTITUTE: |

|  |
| --- |
| DEPARTMENT: |
| PHONE: EMAIL |

|  |
| --- |
| NAME: |

Degree

|  |
| --- |
| INSTITUTE: |

|  |
| --- |
| DEPARTMENT: |
| PHONE: EMAIL: |

|  |
| --- |
| NAME: |

Degree

|  |
| --- |
| INSTITUTE: |

|  |
| --- |
| DEPARTMENT: |
| PHONE: EMAIL: |

|  |
| --- |
| NAME: |

Degree

|  |
| --- |
| INSTITUTE: |

|  |
| --- |
| DEPARTMENT: |
| PHONE: EMAIL: |

1. **Title of the Work:**
2. **Type of work:**

Computer software: \_\_\_ Clinical instrument: \_\_\_ Multimedia: \_\_\_

Digital media: \_\_\_ Sound recording: \_\_\_ Curriculum: \_\_\_

Other (please describe):

1. **Description of the work** (if possible include a copy of the work):
2. **Provide sources of financial support for the work**:

**Sponsor Grant Number/Contract**

1.

2.

3.

4.

1. **Date of creation:**
2. **Date of first copy:**
3. **Publication (month, day and year, medium and country):**
4. **Is this work based on an earlier work that is already published?**

Yes \_\_\_ No \_\_\_

If yes, identify the previous work by title:

1. **Does this work incorporate other works that are copyright protected?**

Yes \_\_\_ No \_\_\_

If yes, describe specifics, and provide copy of permission letter (if any):

1. **Identify uses of the work:**
2. **Identify distinguishing features of this work over existing works:**
3. **Identify current and potential users of the work (provide names, phone numbers and email addresses if available):**

Name Organization Phone/email

1.

2.

3.

4.

1. **Has the work been publicly disclosed?**

Yes \_\_\_ No \_\_\_

If yes, please describe circumstances and provide dates of disclosure:

1. **Have copies of the work been distributed?**

Yes \_\_\_ No \_\_\_

If yes, please identify recipients:

Name Organization Date/No. Copies

1.

2.

3.

4.

1. **Did the copies bear a copyright notice?**

Yes \_\_\_ No \_\_\_

If yes, please provide exact wording of the copyright notice:

1. **Are any public disclosures planned?**
2. **Signature and percent contribution to the work of contributors making this disclosure:**

|  |
| --- |
|  |

Signature Date Percent contribution

|  |
| --- |
|  |

Signature Date Percent contribution

|  |
| --- |
|  |

Signature Date Percent contribution

|  |
| --- |
|  |

Signature Date Percent contribution

|  |
| --- |
|  |

Signature Date Percent contribution

|  |
| --- |
|  |

Signature Date Percent contribution

**18.** **Signature of Institute Director or Deputy Director of Administration**.

I have read and understood the foregoing disclosure represented by paragraphs 1-16 above.

|  |
| --- |
|  |

Signature Date

|  |
| --- |
|  |

Title