**NDSU Horticulture Variety Reporting Form**

Selection/Experimental Number:

Common Name:

Genus and Species Name:

Proposed Cultivar Name:

Proposed Trademark Name:

Provide a brief description of the qualities of this cultivar that distinguish it from other cultivars currently available:

Please attach additional information, data, tags, and photos.

**BREEDER AND CONTRIBUTORS:** Provide all information for project leader/breeders and all other contributors involved in development. Other NDSU personnel may be named a contributor and share in the breeder’s share of royalties upon agreement of all breeders involved in development. Provide the approximate share in contribution of each contributor.

Project Leader/Breeder Name:

Position and Department:Share: *%*

|  |  |  |
| --- | --- | --- |
| Other Contributors | Position and Department | Share |
|  |  | *%* |
|  |  | *%* |
|  |  | *%* |

**GRANT OR CONTRACT FUNDING FOR RESEARCH:**

List all sources of U.S. Federal funding that led to or enabled the development of this cultivar – identify the Federal Funding Agency and the Grant/Contract Funding No. for each source (including federal funding of salaries for all breeder or contributors, if applicable).

Is there any other, non-U.S. Federal, funding of your breeding research (e.g., funds provided by associations, councils, companies, etc.)



If YES, please identify each and every funding source (specify name and contact information.

**MATERIAL TRANSFERS:**

Has any plant material related to this cultivar been transferred to any third parties, including trails?



If YES, please provide name of the recipient and date of transfer.

Has any of this cultivar been sold to any third parties?



If YES, please attach a copy of the bill of sale and three tags, as attached to cultivar.

**INTELLECTUAL PROPERTY:**

Please provide name and contact information for any third-parties that may have a proprietary interest in this cultivar in terms of any patented, patent-pending, licensed-in, material transfer agreement or other parentage(s), trait(s), etc. Describe and explain the nature of any such interest(s).

Do you believe that a Plant Patent or Plant Variety Protection Certificate is warranted for this cultivar?

Plant Patent: PVP:

 

If YES, why:

Do you intend to waive or accept the 40% breeder’s share under NDSU’s Intellectual Property Policy?



The information provided to complete this Horticultural Variety Disclosure Form is true, accurate and complete to the best of my knowledge. **I**, by agreement and because of the condition of the use of facilities of the North Dakota Agricultural Experiment Station and North Dakota State University, **hereby agree to assign and do hereby assign** all of my rights in this cultivar to NDSU, in accordance with NDSU policies. I understand that all of my laboratory materials, notebooks, and reports generated while I am an employee (and/or student) of NDSU remain the property of NDSU. Further I agree that financial consideration, if any, will be distributed pursuant to NDSU policy.

**NDSU BREEDER 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title: |  |
| College: |  | Department: |  |
| Work Address: |  | |  |
| Work Phone: |  | Work Email: |  |
| Home Address: |  | | |
| Home/Cell Phone: |  | Home Email: |  |
| Citizenship |  | % Contribution: |  |
| (Applications to the USPTO require a statement of citizenship) | | | |

NDSU Breeder’s Signature Printed Name Date

**NDSU BREEDER/CONTRIBUTOR 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title: |  |
| College: |  | Department: |  |
| Work Address: |  | |  |
| Work Phone: |  | Work Email: |  |
| Home Address: |  | | |
| Home/Cell Phone: |  | Home Email: |  |
| Citizenship |  | % Contribution: |  |
| (Applications to the USPTO require a statement of citizenship) | | | |

NDSU Breeder/Contributor’s Signature Printed Name Date

**NDSU BREEDER/CONTRIBUTOR 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title: |  |
| College: |  | Department: |  |
| Work Address: |  | |  |
| Work Phone: |  | Work Email: |  |
| Home Address: |  | | |
| Home/Cell Phone: |  | Home Email: |  |
| Citizenship |  | % Contribution: |  |
| (Applications to the USPTO require a statement of citizenship) | | | |

NDSU Breeder/Contributor’s Signature Printed Name Date

**REVIEWED AND APPROVED BY:**

Plant Sciences Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

NDAES Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please complete, sign, and return the **original signed form**, along with any attachments and optional forms to:  Campus mail or hand deliver: NDSU Technology Transfer Office, Research 1, Suite 124  U.S. mail: NDSU Technology Transfer Office, 1735 NDSU Research Park Drive, Dept. 4000, PO Box 6050, Fargo, ND 58108-6050  Please call 701-231-6681 if you have any questions. |

Remember to retain a copy of this form your records.

**NDSU Horticultural Reporting Form**

In accordance with NDSU Policy 190, this form should be utilized by NDSU personnel to report new horticultural discoveries to the Office of Technology Transfer. Pursuant to NDSU policy, Inventors are required to report discoveries to the Office of Technology Transfer prior to making any “enabling” disclosures. An “enabling” disclosure for Plant Patent purposes would consist of a sale or license or offer for sale or license of a horticultural selection. NOTE that prior to an application for Plant Patent, any transfer or evaluation of a horticultural selection by a third party must be done under the terms of a Material Transfer Agreement with confidentiality provisions.

**INVENTORS/BREEDER and CONTRIBUTORS:**

* Complete Horticulture Disclosure Form fully and accurately to the best of your knowledge.
* Decide amongst yourselves the division of Breeder Royalties, if any, received from the commercialization of this variety.
* Sign the Horticulture Disclosure Form
* Include pictures and tags for trademarking
* When all signatures are obtained (see below) return form to

Tech Transfer Office

Research 1, Suite 124

**HEAD, PLANT SCIENCES DEPARTMENT:**

* Review and Sign the Horticulture Disclosure Form.

**NDAES DIRECTOR:**

* Review and sign the Horticulture Disclosure Form.

Direct your questions to: Denise Roehl or Jolynne Tschetter

NDSU Technology Transfer Office

701-231-6681