

REQUEST TO WAIVE PROVISION IN INTELLECTUAL PROPERTY POLICY

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Proposal or Contract #:

Sponsor (include flow-thru information if applicable): University of Illinois at Urbana-Champaign (Andrew W. Mellon)

ORAA's Contract Administrator for P.I.'s Dept: Stephanie Swartz

Check applicable request:

- Request that Sponsor be granted a free nonexclusive commercial use license in IP developed under the project with right to sublicense (NOTE: IP Policy Section IV.E.3 grants Sponsor nonexclusive, royalty-free license to use IP for internal research).
- Request that software developed under the project be publicly available, royalty-free, through an appropriate open source license to be determined through consultation with OTC.
- Request that university waive all rights in IP expected to result and place the IP in the public domain.
- Other – Explain:

1. Describe the type of IP that is expected to result from the Project (“Anticipated Results”); e.g., copyrightable work, nonpatentable invention, patentable invention, computer program, software, etc.)

Software architecture and code

2. Do the Anticipated Results depend on access to and use of Proprietary Sponsor Information, including Sponsored-owned IP? Yes No
3. Please describe the technical maturity; commercial value, including potential fields of use and projected useful life of the Anticipated Results.

We are developing a standard for web-based annotation, and a use-case which will allow annotations to be imported into and exported from the proprietary video annotation tool designed by Alexander Street Press.

4. Reasons to grant request:

Award will not be given unless request is granted.

5. Discuss anticipated effects if the waiver is not approved.

MITH is currently leading an important use-case for the project which will significantly benefit web annotation standards for years to come. However, if our work is not open source, neither the funder nor our collaborators (Alexander Street Press) will permit us to continue our work.

Required approvals:

6. (a) Endorsement of Request/Waiver of Rights by all persons, faculty, staff and/or students, expected to participate in the Project:

I, the undersigned, certify that I have reviewed and am familiar with the University of Maryland Policy on Intellectual Property (Policy) and specifically, its provisions governing University ownership rights, rights of inventors and authors to be so acknowledged and identified and to share in and distribution of revenue the University earns from commercializing University-owned IP, and the right of the University to seek appropriate IP protection for University-owned IP. In the event the University grants this Request and I qualify as an inventor or author of University-owned IP developed in the course of the Project, I hereby waive any rights that I might otherwise have in such University-owned IP including the right to receive income, be acknowledged as a creator or inventor of the University-owned IP and/or obtain the benefits of patent or copyright protection, and agree to execute such documents and take such other actions as the University may determine is necessary and reasonable to implement its decision to grant this request. I further understand that the University shall have no right to implement a decision accepting this Request unless and until all persons who qualify as inventors or creators of the subject University-owned IP have executed this Request or otherwise waived their rights under the University Policy.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

6. (b) Endorsement/Waiver of Department Chair/Unit Head or Director and Dean: I certify that I have reviewed and am familiar with the Policy and specifically, the provisions governing University ownership of IP created by University personnel and students, the distribution of revenue among inventors and creators of University-owned IP, their department and/or research laboratory, and the University, and the right of the University to seek protection for University-owned IP. My signature below indicates my support for this Request. I hereby waive, on behalf of the department/research laboratory or College/School, any rights it might otherwise have under the Policy had this Request never been made or never approved.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

*Submit the Request to Denise Clark, Asst. V. P., Research and Director of ORAA, 3112 Lee Bldg. Final decision making authority on this request lies with the Vice President of Research.

VPR/ORAA USE ONLY: AD's Review Signature _____ Date _____

Office of the Vice President for Research Final determination: ___ Approved ___ Not Approved

Signature VP for Research **Date**

Date of Notice of Decision to PI: _____