



## **Transfer of Intellectual Property Ownership Request**

### Information and Instructions

All intellectual property developed, in whole or in part, using Grant Subaward funding is considered “work made for hire” as defined under Title 17 USC Section 101, and shall include, but is not limited to, publications, original computer software, writings, audio/visual media, Cal OES forms (i.e., forms created on behalf of Cal OES), and works of any similar nature.

With regard to any “work made for hire,” Cal OES owns all rights to intellectual property developed, in whole or in part, using Grant Subaward funds. Cal OES reserves a royalty-free, exclusive right to reproduce, publish, and use such materials and to authorize others to do so.

Subrecipients may request a transfer of ownership of intellectual property after the completion of the Grant Subaward performance period for which the publication or copyrighted material was completed.

Subrecipients must certify that any profits derived from the intellectual property will be used for victim service related activities or to further the original intent of the Grant Subaward (see Subrecipient Handbook Section 8.005).

Complete all applicable sections of the form, including the justification. The Grant Subaward Director, or their designee identified on the Signature Authorization (Cal OES Form 2-103), must sign this form. This form must be submitted with Grant Subaward Modification (Cal OES Form 2-223).



## Transfer of Intellectual Property Ownership Request

Grant Subaward #: \_\_\_\_\_

Subrecipient: \_\_\_\_\_

Name of Intellectual Property: \_\_\_\_\_

Content Creator Name(s): \_\_\_\_\_

Publisher Name: \_\_\_\_\_

Publisher Address: \_\_\_\_\_

Intellectual Property Description:

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**I hereby certify that the above intellectual property developed under the Grant Subaward, and any profits gained from its sale or distribution, will be used to further the original intent of the Grant Subaward.**

\_\_\_\_\_  
Grant Subaward Director Name

\_\_\_\_\_  
Grant Subaward Director Signature

\_\_\_\_\_  
Date

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Cal OES Approval

\_\_\_ Approved

\_\_\_ Denied

\_\_\_\_\_  
Program Specialist Signature

\_\_\_\_\_  
Date

\_\_\_ Approved

\_\_\_ Denied

\_\_\_\_\_  
Unit Chief Signature

\_\_\_\_\_  
Date

\_\_\_ Approved

\_\_\_ Denied

\_\_\_\_\_  
Division Chief Signature

\_\_\_\_\_  
Date