

SPONSORED PROGRAM SERVICES CONTRACTING

Non-Disclosure Agreement Information Sheet

To help expedite your NDA request, please fill out this form as accurately and completely as possible. If you have any questions, please email spscontr@purdue.edu.

Please submit saved form to spscontr@purdue.edu. Please include any additional helpful information in the body of the email. If you have any relevant documents to submit with the NDA Info Sheet, such as a company NDA that they provided, please attach it to the email as well.

If you have an urgent request, please state the timeframe clearly in your email. If the NDA is urgent, please mark your email as high priority (red exclamation point) and include "URGENT" in the Subject Line.

Date of Request:

Date NDA needed:

(The Primary Recipient, most commonly the Principal Investigator of the potential research project, will be primarily responsible for Purdue's compliance with the terms of the agreement. Failure to adhere to the terms of the agreement could lead to both institutional liability and individual consequences. The Primary Recipient identified below will be required to provide a signature on the NDA acknowledging that they agree to abide by the terms of the NDA)

Primary Recipient:	
Email Address:	Campus Phone Number:
Campus Address:	

Is the primary recipient of Confidential Information a U.S. Citizen or lawful permanent resident? Yes 🗆 No 🗆

Other Party Name:	
Other Party Address:	
Technical POC Name:	Technical POC Email:
Contractual POC Name:	Contractual POC Email:

•	Has the Other Party Provided a draft agreement?	Yes 🗆 No 🗆
	If yes, please email a copy to <u>spscontr@purdue.edu</u>	
•	Is the Other Party a U.S. Person*	Yes 🗆 No 🗆

Is the Other Party a U.S. Person*

*In addition to individuals who are U.S. Citizens or lawful permanent residents, a U.S. Person is any corporation, business association, partnership, society, trust, or any other entity, organization or group that is incorporated to do business in the U.S. It also includes any governmental (federal, state or local), entity.

Once received, will anyone other than the Primary Recipient be granted access to the information? Yes \Box No \Box If yes, please list name(s) and role(s) of the individual(s) and if they are a U.S. Citizen or Permanent Resident.



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Name	Role (e.g. Faculty, Staff, Student (grad/undergrad),	U.S. Citizen or Permanent Resident?
	Visiting Scholar, Adjunct)	

Note: It is the responsibility of the Primary Recipient to ensure that all persons who are granted access to the information aware of its confidentiality, authorized use, and the terms of the agreement.

Please answer all the following questions:

1) What is the purpose of the exchange (be specific):

 Will the information be used as part of a funded project? If yes, please provide the grant number: Yes 🗆 No 🗆

3) What information (field and type) will be shared (be specific)



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4) Will you receive, access, or generate technical data or equipment specifically designed or developed for military or space applications? If yes, please explain:

5) Does the Primary Recipient currently have an approved outside activity that has an actively managed conflict of interest plan? Yes □ No □ If yes, please explain:

6) Who will be disclosing confidential information?

Purdue
Other Party
Both

- 7) <u>Description of Purdue Confidential technology/information to be disclosed (if applicable)</u>
- 8) If applicable, Has the confidential technology been disclosed to the Office of Technology Commercialization?

Yes 🗆 No 🗆

9) If 8 is yes, please provide the following. OTC Assigned reference number and Title: Please list the name, role, and citizenship of the individual/entity: