

Delaware State University
Office of Sponsored Programs

Outgoing Material/DATA Transfer Agreement (MDTA) Questionnaire

(This form MUST be typed and accompany the MTA you wish to have signed. This information will help to evaluate the terms of the MTA)

DSU Principal Investigator:

Telephone No:

Department:

Email Address:

Person submitting MTA:
(If not PI)

Email Address:

Material Recipient (Institution or Company):

Address:

Name of Contact:

Email Address:

Title:

Telephone No.:

Name/Type of Material:

In order to appropriately evaluate the proposed MTA, please provide answers to the following questions. Please use additional sheets if you require more space for your answers.

MATERIALS: (Material Transfer)

1. (a) What is the approved use of the Materials (research description)?

(b) Was all the Material independently developed by DSU personnel (faculty, staff, students). YES NO

(c) Does the Material incorporate or is the Material derived from materials obtained from a third party?

YES, please provide third party information NO

2. Is the material patented or related to an Invention Disclosure? YES NO

3. Is the material licensed? YES NO

4. Is this a collaboration with the recipient?

YES, please attach a copy of the Agreement NO

5. Is this Material hazardous? YES NO

Please add any additional information that you believe to be pertinent.

GENERAL: (Data Transfer)

1. Data – Will data transferred be available to the public? YES NO

What is the method of transferring the data?

How will the data be secured?

2. Is this data transfer related to a funded project? YES NO

If yes, please provide the name and applicable grant or budget number.

3. Is this a collaboration with the recipient?

YES, attach copy of agreement NO

Once you have completed this questionnaire, please sign it below and return it together with the MDTA to:

**Office of Sponsored Programs
Cottage 502**

Thank you for your cooperation in completing this questionnaire.

Principal Investigator's Name: *(Print)* _____

Date: _____

Principal Investigator's Signature: _____

Department Chairperson's Signature: _____