



**California State University, Sacramento**  
**Office of Innovation & Technology Transfer**  
**Offices of Research, Innovation & Economic Development**  
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**MATERIAL TRANSFER AGREEMENT (MTA), DATA TRANSFER AGREEMENT (DTA),  
 and NON-DISCLOSURE AGREEMENT (NDA) REQUEST FORM**

Please provide as much of the requested information so that we may draft and/or negotiate an agreement with all of the necessary terms and conditions.

If the external entity sent you an agreement, please include the agreement with this request.

<p><b>Sacramento State Principal Investigator (PI) or Staff</b></p> <p>College or Division: _____</p> <p>Department, Office, or Unit: _____</p> <p>First Name: _____</p> <p>Middle Initial or Name: _____</p> <p>Last Name: _____</p> <p>Title: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>	<p><b>External Entity's PI or Staff</b></p> <p>Entity Name: _____</p> <p><input type="checkbox"/> university, government, non-profit, or <input type="checkbox"/> for profit</p> <p>First Name: _____</p> <p>Middle Initial or Name: _____</p> <p>Last Name: _____</p> <p>Title: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
<p><b>Sacramento State Primary Contact (if it is not the PI)</b></p> <p>First Name: _____</p> <p>Middle Initial or Name: _____</p> <p>Last Name: _____</p> <p>Title: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>	<p><b>External Entity's Legal or Administrative Contact</b></p> <p>First Name: _____</p> <p>Middle Initial or Name: _____</p> <p>Last Name: _____</p> <p>Title: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>

1. Sacramento State will (check all that apply):

- receive material  receive data  receive confidential information
- provide material  provide data  provide confidential information
- use or provide other proprietary material(s) or data received from another entity
- receive material or data that can be purchased from another source without an agreement
- receive or provide material or data from human subjects that contains Personal Identifiable Information (PII)
- use human subjects in the research
- receive material or data from an entity in which you, your spouse, domestic partner or dependent children have a financial interest in the provider organization (e.g. equity/ownership interest, management position, consulting arrangement, etc.). You may be required to submit a [California Form 700-U](#)

2. Estimated Dates of the research: from \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

3. Name or describe the material, data, and/or confidential information (in 10 to 500 characters):

\_\_\_\_\_

4. Describe the research use of the material, data, and/or confidential information (in 100 to 500 characters):

\_\_\_\_\_

5. Indicate the current or anticipated funding source(s) for the research.

Federal Grantor Name: \_\_\_\_\_

Award number: \_\_\_\_\_ Amount: \$\_\_\_\_\_

State Grantor Name: \_\_\_\_\_

Award number: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Other Grantor or Sponsor Name: \_\_\_\_\_

Award number: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Gift Fund - Donor Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Department funds (amount): \$\_\_\_\_\_

6. Please provide any additional information that would be pertinent to an agreement:

\_\_\_\_\_