## Report of Inventions and Subcontracts

U.S. Department of Housing and Urban Development Office of the Chief Financial Officer OMB Approval No. 2535-0091 (exp. 3/31/2022)

Pursuant to "Patent Rights" Contract Clause

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

**Instructions to Contractors:** This form (to be completed in triplicate) is for use in submitting **Interim** and **Final** reports to the Contracting Officer. An **Interim** report shall be submitted at least every twelve months, commencing with the date of the contract, and should include only those inventions and subcontracts for which the information requested below has not been previously reported. A **Final** report shall be submitted as soon as practicable after the work under the contract is complete and shall include (a) a summary of all inventions required by the contract to be reported, including all inventions previously reported and any inventions since the last Interim report; and (b) any required information for subcontracts which has not been previously reported.

Name and Address of Contractor (Include Zip Code)						2. Contract Number			
						3. Type of Report (Check one)  a. Interim  b. Final			
Section I: Inve	entions ("Subject Inven				he "Pat	ent Rights"	clause.)		
Name of Inventor	Title of Invention		,	Patent Application Serial Number, if available, or Contractor Disclosure I.D. No.		Contractor has filed or will file U.S. Patent Application		Confirmatory License or Assignment has been forwarded to Contracting Officer	
						Yes	No	Yes	No
	Section II: Subcontra								
5. Listed below is information required but	not previously reported for	or Subcor	tracts. (	If none, so state	e.)				
Name and Address of Subcontractor (Include Zip Code)			Subcontract Number			Date Subcontract urnished to Contracting Officer (mm/dd/yyyy)		Date Subcontract Completed (mm/dd/yyyy)	
Contractor certifies that this report of Inviknowledge and belief.		ection III:			compl	ete and cor	rect to the	best of the	contractor's
Name and Title of Authorized Official (Print or type)		Signature				Da	Date (mm/dd/yyyy)		