



**STATE UNIVERSITY OF NEW YORK
DOWNSTATE MEDICAL CENTER
STATE FUNDED AGREEMENT
INDEPENDENT CONTRACTOR/HONORARIA SERVICES FORM**

Date: _____

I, _____, am aware that signing this document means that I have read and understood the following conditions describing my relationship with the State of New York and the State University of New York, Downstate Medical Center.

As an independent contractor/recipient of an honoraria, I am:

- Not eligible to file for or collect unemployment benefits;
- Not eligible for Worker's Compensation coverage;
- Solely responsible for compliance with all federal, state, and local tax reporting requirements;
- Not currently a New York State/Downstate Medical Center employee;
- Have not been a New York State/Downstate Medical Center employee for the past two years;
- Required to assign all rights, title, and interest in the data or material produced as a result of project activities to the State University of New York Downstate Medical Center, and prohibited from publishing, permitting to be published, or distributing any information concerning the results or conclusions of the data or material produced during or towards project activities. These are considered "works for hire" and as such are the property of the State University of New York Downstate Medical Center.
- Able to retain ownership of intellectual property included in the deliverables to the extent that I will have independently developed the intellectual property without the State University of New York Downstate Medical Center financial support, With respect to such property, I agree to grant the State University of New York Downstate Medical Center a royalty fee, nonexclusive license to use such intellectual property for purposes consistent with the University's obligations under this contract.

The above constitutes the entire agreement between both parties.

Signatures:

by Independent Contractor:

by DMC Department Chair/Head

Printed Name: _____

Printed Name & Title: _____