General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 3					
Budget Period 3 Total					
PROJECT TOTAL					

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

f. Contractual

PLEASE READ!!!

The entity completing this form must provide all costs related to sub-recipients, vendors, contractors, consultants and FFRDC partners in the applicable boxes below.

Sub-recipients (partners, sub-awardees):
For each sub-recipient with total project costs of $100,000 or more, a separate SF-424A budget and PMC123.1 budget justification form must be submitted. These sub-recipient forms may be completed by either the sub-recipients themselves or by the preparer of this form. The budget totals on the sub-recipient's forms must match the sub-recipeint entries below.

The preparer of this form need only provide further support of the completed sub-recipient budget forms as they deem necessary. The support to justify the budgets of sub-recipients with estimated costs less than $100,000 may be in any format, and at a minimum should provide what Statement of Project Objectives task(s) are being performed, the purpose/need for the effort, and a basis of the estimated costs that is considered sufficient for DOE evaluation.

Vendors (includes contractors and consultants):
List all vendors, contractors and consultants supplying commercial supplies or services used to support the project. The support to justify vendor costs (in any amount) should provide the purpose for the products or services and a basis of the estimated costs that is considered sufficient for DOE evaluation.

Federal Research and Development Centers (FFRDCs):
For FFRDC partners, award recipient will provide a Field Work Proposal (if not already provided with the original application), along with the FFRDC labor mix and hours, by category and FFRDC major purchases greater than $25,000, including Quantity, Unit Cost, Basis of Cost, and Justification. The award recipient may allow the FFRDC to provide this information directly to DOE.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
EXAMPLE ONLY!!! XYZ Corp.	Partner to develop optimal fresnel lens for Gen 2 product - Task 2.4				
		REDACTED EXEMPTION 4			

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
	REDACTED EXEMPTION 4				
	Sub-total				

Vendor Name/Organization	Product or Service, Purpose/Need and Basis of Cost (Provide additional support at bottom of page as needed)	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
EXAMPLE ONLY!!! ABC Corp.					
	REDACTED EXEMPTION 4				

FFRDC Name/Organization	Purpose	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
	REDACTED EXEMPTION 4				
Total Contractual					

AdditionalExplanations/Comments (as necessary)

g. Construction

PLEASE READ!!!

Construction, for the purpose of budgeting, is defined as all types of work done on a particular building, including erecting, altering, or remodeling. Construction conducted by the award recipient is entered on this page. Any construction work that is performed by a vendor or subrecipient to the award recipient should be entered under f. Contractual.

List all proposed construction below, providing a basis of cost such as engineering estimates, prior construction, etc., and briefly justify its need as it applies to the Statement of Project Objectives.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Overall description of construction actiivities:

Example Only!!! - Build wind turbine platform

General Description	Cost	Basis of Cost	Justification of need
Budget Period 1			
Three days of excavation for platform site EXAMPLE ONLY!!!			
		REDACTED EXEMPTION 4	
Budget Period 1 Total	**$300,000**		
Budget Period 2			

REDACTED
EXEMPTION 4

General Description	Cost	Basis of Cost	Justification of need
		REDACTED EXEMPTION 4	
Budget Period 2 Total			
Budget Period 3			
		REDACTED EXEMPTION 4	
Budget Period 3 Total			
PROJECT TOTAL			

Additional Explanations/Comments (as necessary)

g. Construction

h. Other Direct Costs

PLEASE READ!!!

Other direct costs are direct cost items required for the project which do not fit clearly into other categories, and are not included in the indirect pool for which the indirect rate is being applied to this project. Examples are meeting costs, postage, couriers or express mail, telephone/fax costs, printing costs, etc.

Basis of cost are items such as vendor quotes, prior purchases of similar or like items, published price list, etc.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

General description	Cost	Basis of Cost	Justification of need
Budget Period 1			
EXAMPLE ONLY!!! Grad student tuition			
		REDACTED EXEMPTION 4	
Budget Period 1 Total			
Budget Period 2			
		REDACTED EXEMPTION 4	
Budget Period 2 Total			
Budget Period 3			
		REDACTED EXEMPTION 4	
Budget Period 3 Total			
PROJECT TOTAL			

Additional Explanations/Comments (as necessary)

General description	Cost	Basis of Cost	Justification of need

h. Other Direct Costs

Cost Share

PLEASE READ!!!

A detailed presentation of the cash or cash value of all cost share proposed for the project must be provided in the table below. Identify the source & amount of each item of cost share proposed by the award recipient and each sub-recipient or vendor. Letters of committment must be submitted for all third party cost share (other than award recipient).

Note that "cost-share" is not limited to cash investment. Other items that may be assigned value in a budget as incurred as part of the project budget and necessary to performance of the project, may be considered as cost share, such as: contribution of services or property; donated, purchased or existing equipment; buildings or land; donated, purchased or existing supplies; and/or unrecovered personnel, fringe benefits and indirect costs, etc. For each cost share contribution identified as other than cash, identify the item and describe how the value of the cost share contribution was calculated.

Funds from other Federal sources MAY NOT be counted as cost share. This prohibition includes FFRDC sub-recipients. Non-Federal sources include private, state or local Government, or any source not originally derived from Federal funds. Documentation of cost sharing commitments must be provided, if not already provided with the original application and they have not changed since its submission.

Fee or profit will not be paid to the award recipients or subrecipients of financial assistance awards. Additionally, foregone fee or profit by the applicant shall not be considered cost sharing under any resulting award. Reimbursement of actual costs will only include those costs that are allowable and allocable to the project as determined in accordance with the applicable cost principles prescribed in 10 CFR 600.127, 10 CFR 600.222 or 10 CFR 600.317. Also see 10 CFR 600.318 relative to profit or fee.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Organization/Source	Type (cash or other)	Cost Share Item	Budget Period 1 Cost Share	Budget Period 2 Cost Share	Budget Period 3 Cost Share	Total Project Cost Share
ABC Company EXAMPLE ONLY!!!						
		REDACTED EXEMPTION 4				

Organization/Source	Type (cash or other)	Cost Share Item	Budget Period 1 Cost Share	Budget Period 2 Cost Share	Budget Period 3 Cost Share	Total Project Cost Share
		REDACTED EXEMPTION 4				
		Totals				

Total Project Cost:

Cost Share Percent of Award:

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

PMC123.1 - Budget Justification for SF 424A Budget

i. Indirect Costs

	Budget Period 1	Budget Period 2	Budget Period 3	Total
Rate applied:		REDACTED EXEMPTION 4		
Total indirect costs requested:				

A federally approved indirect rate agreement, or rate proposed supported and agreed upon by DOE for estimating purposes is required if reimbursement of fringe benfits is requested. Please check (X) one of the options below and provide the requested information if it has not already been provided as requested, or has changed. Calculate the indirect rate dollars and enter the total in the Section B., line 6.j. (Indirect Charges) of form SF 424A.

____ **There is a federally approved indirect rate agreement. A copy is provided with this application and will be provided electronically to the Contracting Officer for this project.**
**In the area designated below, identify the full calculations used to derive the total indirect costs. See further information below.*

X **There is no current, federally-approved indirect rate agreement.**
*When this option is checked, the entity preparing this form shall submit an indirect cost rate proposal in the format provided at the following website, or in a format that provides the same level of information and which supports the rate(s) being proposed for use in estimating the project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal. *In the area designated below, identify the full calculations used to derive the total indirect costs. See further information below.*

Additional Explanations/Comments (as necessary)

*IMPORTANT: In the space provided below (or as an attachment) provide a complete explanation and the full calculations used to derive the total indirect costs. If the total indirect costs are a cumulative amount of more than one calculation or rate application, the explanation and calculations should identify all rates used, along with the base they were applied to (and how the base was derived), and a total for each (along with grand total). The rates and how they are applied should not be averaged to get one indirect cost percentage. NOTE: The indirect rate should be applied to both the Federal Share and Recipient Cost Share.

CHEROKEE
PHARMACEUTICALS
A PIVOT LIFE SCIENCES COMPANY

Cherokee's indirect Rate Method.

Cherokee Pharmaceuticals LLC (Cherokee) is an active pharmaceutical ingredients (API) manufacturer located in Pennsylvania. Cherokee acquired the facility from Merck & Co., Inc.

Cherokee is an active tolling manufacturer o REDACTED EXEMPTION 4 The company offers commercial manufacturing capabilities at market competitive prices.

Cherokee is actively operating a competitive toll manufacturing business

Fringe rate justification:

____ **A fringe benefit rate has been negotiated with, or approved by, a federal government agency. A copy of the latest rate agreement is included with this application, and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the appliction of the approved rate, to arrive at the proposed fringes benefits dollars should also be provided.)

__x__ **There is not a current, federally approved rate agreement negotiated and available.**
(When this option is checked, the entity preparing this form shall submit a rate proposal in the format provided at the following website, or a format that provides the same level of information and which will support the rates being proposed for use in performance of the proposed project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

REDACTED
EXEMPTION 4

Indirect rate justification:

____ **There is a federally approved indirect rate agreement. A copy is provided with this application and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the application of the approved rate, to arrive at the proposed indirect charges proposed should also be provided.)

__x__ **There is no current, federally-approved indirect rate agreement.**
(When this option is checked, the entity preparing this form shall submit an indirect cost rate proposal in the format provided at the following website, or in a format that provides the same level of information and which supports the rate(s) being proposed for use in estimating the project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

REDACTED
EXEMPTION 4

UOP

OMB Approval No. 0348-0044

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assist. Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Demonstration of Integrated Biorefinery Operations	81.087	$	$	$ $291,115	$	
2.						
3.						
4.						
5. TOTALS				$291,115	$	

REDACTED EXEMPTION 4

SECTION B - BUDGET CATEGORIES

6. OBJECT CLASS CATEGORIES	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	Demonstration of Integrated Biorefinery Operations (1)	(2)	(3)	(4)	(5)
a. Personnel	$	$	$	$	
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)					
7. PROGRAM INCOME					

REDACTED EXEMPTION 4

Standard Form 424A (Rev. 4-92)

SECTION C - NON FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other sources	(e) TOTALS
8. Demonstration of Integrated Biorefinery Operations				
9.				
10.		REDACTED EXEMPTION 4		
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$291,115			$291,115	
14. NonFederal			REDACTED EXEMPTION 4		
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS) (b) First	(c) Second	(d) Third	(e) Fourth
16. Demonstration of Integrated Biorefinery Operations	$	$	$	$
17.				
18.		REDACTED EXEMPTION 4		
20. TOTALS (sum of lines 16 - 19)				

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges
23. Remarks	

PMC123.1 - Budget Justification for SF 424A Budget

Instructions and Summary

Award Number: DE-FOA-0000096
Award Recipient: UOP (sub-recipient)

Date of Submission: 12/29/2009
Form submitted by: Solazyme
(May be award recipient or sub-recipient)

Please read the instructions on each page before starting.
If you have any questions, please ask your DOE contact. It will save you time!

On this form, provide detailed support for the estimated project costs identified on the SF-424A form (Budget).

- The dollar amounts on this page must match the amounts on the associated SF-424A.
- The award recipient and each sub-recipient with estimated costs of $100,000 or more must complete this form and a SF-424A form.
- The total budget presented on this form and on the SF424A must include both Federal (DOE), and Non-Federal (cost share) portions, thereby reflecting TOTAL PROJECT COSTS proposed.
- For costs in each Object Class Category on the SF-424A, complete the corresponding worksheet on this form (tab at the bottom of the page).
- All costs incurred by the preparer's sub-recipients, vendors, contractors, consultants and Federal Research and Development Centers (FFRDCs), should be entered only in section f. Contractual. All other sections are for the costs of the preparer only.

SUMMARY OF BUDGET CATEGORY COSTS PROPOSED
(Note: The values in this summary table are from entries made in each budget category sheet.)

CATEGORY	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Total Costs	Project Costs %	Comments (Add comments as needed)
a. Personnel						
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
Sub-recipient						
FFRDC						
Vendor						
Total Contractual						
g. Construction						
h. Other Direct Costs						
i. Indirect Charges						
Total Project Costs						

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

a. Personnel

PLEASE READ!!!

List costs solely for employees of the entity completing this form (award recipient or sub-recipient). All other personnel costs (of subrecipients or other contractual efforts of the entity preparing this) must be included under f., Contractual. This includes all consultants and FFRDCs.

Identify positions to be supported. Key personnel should be identified by title. All other personnel should be identified either by title or a group category. State the amounts of time (e.g., hours or % of time) to be expended, the composite base pay rate, total direct personnel compensation and identify the rate basis (e.g., actual salary, labor distribution report, technical estimate, state civil service rates, etc.).

Add rows as needed. Formulas/calculations will need to be entered by the preparer of this form. Please enter formulas as shown in the example.

Task # and Title	Position Title	Budget Period 1			Budget Period 2			Budget Period 3			Project Total Hours	Project Total Dollars	Rate Basis
		Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 1	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 2	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 3			
1.													
EXAMPLE ONLY!!!													
1.													
2.													
etc.													

REDACTED EXEMPTION 4

Task # and Title	Position Title	Budget Period 1			Budget Period 2			Budget Period 3			Project Total Hours	Project Total Dollars	Rate Basis
		Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 1	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 2	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 3			
						REDACTED EXEMPTION 4							
	Total Personnel Costs												

Additional Explanations/Comments (as necessary)

b. Fringe Benefits

	Budget Period 1	Budget Period 2	Budget Period 3	Total
Rate applied:		REDACTED EXEMPTION 4		
Total fringe requested:				

A federally approved fringe benefit rate agreement, or a proposed rate supported and agreed upon by DOE for estimating purposes is required if reimbursement for fringe benefits is requested. Please check (X) one of the options below and provide the requested information, if it has not already been provided to the Contracting Officer, OR if it has changed since it was. Calculate the fringe rate and enter the total amount in Section B, line 6.b. ("Fringe Benefits") of form SF-424A.

x **A fringe benefit rate has been negotiated with, or approved by, a federal government agency. A copy of the latest rate agreement is included with this application, and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the appliction of the approved rate, to arrive at the proposed fringes benefits dollars should also be provided.)

____ **There is not a current, federally approved rate agreement negotiated and available.**
(When this option is checked, the entity preparing this form shall submit a rate proposal in the format provided at the following website, or a format that provides the same level of information and which will support the rates being proposed for use in performance of the proposed project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

dditional explanation/comments (as necessary)

REDACTED
EXEMPTION 4

c. Travel

PLEASE READ!!!

Provide travel detail as requested below, identifying total Foreign and Domestic Travel as separate items. Purpose of travel are items such as professional conference, DOE sponsored meeting, project management meeting, etc. The Basis for Estimating Costs are items such as past trips, current quotations, Federal Travel Regulations, etc.

All listed travel must be necessary for performance of the Statement of Projecct Objectives.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Purpose of travel	No. of Travelers	Depart From (not required for domestic travel)	Destination (not required for domestic travel)	No. of Days	Cost per Traveler	Cost per Trip	Basis for Estimating Costs
Budget Period 1							
Domestic Travel							
EXAMPLE ONLY!!! Visit to PV cell mfr. to set up vendor agreement							
None							
		REDACTED EXEMPTION 4					
Domestic Travel subtotal							
International Travel							
International Travel subtotal							
Budget Period 1 Total							

Purpose of travel	No. of Travelers	Depart From (not required for domestic travel)	Destination (not required for domestic travel)	No. of Days	Cost per Traveler	Cost per Trip	Basis for Estimating Costs
Budget Period 2							
Domestic Travel							
Domestic Travel subtotal		REDACTED EXEMPTION 4					
International Travel							
International Travel subtotal							
Budget Period 2 Total							
Budget Period 3							
Domestic Travel							
Domestic Travel subtotal							
International Travel							
International Travel subtotal							
Budget Period 3 Total							
PROJECT TOTAL							

Additional Explanations/Comments (as necessary)

d. Equipment

PLEASE READ!!!

Equipment is generally defined as an item with an acquisition cost greater than $5,000 and a useful life expectancy of more than one year. Further definitions can be found at 10 CFR 600 found on the PMC Recipient Resources Forms page at https://www.eere-pmc.energy.gov/Forms.aspx#regs .

List all proposed equipment below, providing a basis of cost such as vendor quotes, catalog prices, prior invoices, etc., and briefly justifying its need as it applies to the Statement of Project Objectives. If it is existing equipment, and the value of its contribution to the project budget is being shown as cost share, provide logical support for the estimated value shown. If it is new equipment which will retain a useful life upon completion of the project, provide logical support for the estimated value shown.

For equipment over $50,000 in price, also include a copy of the associated vendor quote or catalog price list.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Equipment Item	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 1					
EXAMPLE ONLY!!! Thermal shock chamber					
None					
Budget Period 1 Total					
Budget Period 2					
Budget Period 2 Total					

REDACTED
EXEMPTION 4

Equipment Item	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 3					
Budget Period 3 Total					
PROJECT TOTAL					

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

e. Supplies

PLEASE READ!!!

Supplies are generally defined as an item with an acquisition cost of $5,000 or less and a useful life expectancy of less than one year. Supplies are generally consumed during the project performance. Further definitions can be found at 10 CFR 600 found on the PMC Recipient Resources Forms page at https://www.eere-pmc.energy.gov/Forms.aspx#regs.

List all proposed supplies below, providing a bases of cost such as vendor quotes, catalog prices, prior invoices, etc., and briefly justifying the need for the Supplies as they apply to the Statement of Project Objectives. Note that Supply items must be direct costs to the project at this budget category, and not duplicative of supply costs included in the indirect pool that is the basis of the indirect rate applied for this project.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 1					
EXAMPLE ONLY!!! Wireless DAS components					
None					
Budget Period 1 Total					
Budget Period 2					
Budget Period 2 Total					

REDACTED
EXEMPTION 4

General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 3					
				REDACTED	
				EXEMPTION 4	
Budget Period 3 Total					
PROJECT TOTAL					

Additional Explanations/Comments (as necessary)

f. Contractual

PLEASE READ!!!

The entity completing this form must provide all costs related to sub-recipients, vendors, contractors, consultants and FFRDC partners in the applicable boxes below.

Sub-recipients (partners, sub-awardees):
For each sub-recipient with total project costs of $100,000 or more, a separate SF-424A budget and PMC123.1 budget justification form must be submitted. These sub-recipient forms may be completed by either the sub-recipients themselves or by the preparer of this form. The budget totals on the sub-recipient's forms must match the sub-recipeint entries below.

The preparer of this form need only provide further support of the completed sub-recipient budget forms as they deem necessary. The support to justify the budgets of sub-recipients with estimated costs less than $100,000 may be in any format, and at a minimum should provide what Statement of Project Objectives task(s) are being performed, the purpose/need for the effort, and a basis of the estimated costs that is considered sufficient for DOE evaluation.

Vendors (includes contractors and consultants):
List all vendors, contractors and consultants supplying commercial supplies or services used to support the project. The support to justify vendor costs (in any amount) should provide the purpose for the products or services and a basis of the estimated costs that is considered sufficient for DOE evaluation.

Federal Research and Development Centers (FFRDCs):
For FFRDC partners, award recipient will provide a Field Work Proposal (if not already provided with the original application), along with the FFRDC labor mix and hours, by category and FFRDC major purchases greater than $25,000, including Quantity, Unit Cost, Basis of Cost, and Justification. The award recipient may allow the FFRDC to provide this information directly to DOE.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
EXAMPLE ONLY!!! XYZ Corp.	REDACTED EXEMPTION 4				

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
	REDACTED EXEMPTION 4				
	Sub-total				

Vendor Name/Organization	Product or Service, Purpose/Need and Basis of Cost (Provide additional support at bottom of page as needed)	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
EXAMPLE ONLY!!! ABC Corp.	REDACTED EXEMPTION 4				

FFRDC Name/Organization	Purpose	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
	REDACTED EXEMPTION 4				

Total Contractual		

AdditionalExplanations/Comments (as necessary)

g. Construction

PLEASE READ!!!

Construction, for the purpose of budgeting, is defined as all types of work done on a particular building, including erecting, altering, or remodeling. Construction conducted by the award recipient is entered on this page. Any construction work that is performed by a vendor or subrecipient to the award recipient should be entered under f. Contractual.

List all proposed construction below, providing a basis of cost such as engineering estimates, prior construction, etc., and briefly justify its need as it applies to the Statement of Project Objectives.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Overall description of construction actiivities:

Example Only!!! - Build wind turbine platform

General Description	Cost	Basis of Cost	Justification of need
Budget Period 1			
Three days of excavation for platform site EXAMPLE ONLY!!!			
None			
		REDACTED EXEMPTION 4	
Budget Period 1 Total			
Budget Period 2			
Budget Period 2 Total			

General Description	Cost	Basis of Cost	Justification of need
Budget Period 3			
		REDACTED	
		EXEMPTION 4	
Budget Period 3 Total			
PROJECT TOTAL			

Additional Explanations/Comments (as necessary)

h. Other Direct Costs

PLEASE READ!!!

Other direct costs are direct cost items required for the project which do not fit clearly into other categories, and are not included in the indirect pool for which the indirect rate is being applied to this project. Examples are meeting costs, postage, couriers or express mail, telephone/fax costs, printing costs, etc.

Basis of cost are items such as vendor quotes, prior purchases of similar or like items, published price list, etc.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

General description	Cost	Basis of Cost	Justification of need
Budget Period 1			
EXAMPLE ONLY!!! Grad student tuition			
Budget Period 1 Total			
Budget Period 2 Total			
Budget Period 3			
Budget Period 3 Total			

REDACTED
EXEMPTION 4

REDACTED
EXEMPTION 4

REDACTED
EXEMPTION 4

General description	Cost	Basis of Cost	Justification of need
PROJECT TOTAL			

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

i. Indirect Costs

	Budget Period 1	Budget Period 2	Budget Period 3	Total
Rate applied:				
Total indirect costs requested:		REDACTED EXEMPTION 4		

A federally approved indirect rate agreement, or rate proposed supported and agreed upon by DOE for estimating purposes is required if reimbursement of fringe benfits is requested. Please check (X) one of the options below and provide the requested information if it has not already been provided as requested, or has changed. Calculate the indirect rate dollars and enter the total in the Section B., line 6.j. (Indirect Charges) of form SF 424A.

X **There is a federally approved indirect rate agreement. A copy is provided with this application and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the application of the approved rate, to arrive at the proposed indirect charges proposed should also be provided.)

____ **There is no current, federally-approved indirect rate agreement.**
(When this option is checked, the entity preparing this form shall submit an indirect cost rate proposal in the format provided at the following website, or in a format that provides the same level of information and which supports the rate(s) being proposed for use in estimating the project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

Cost Share

PLEASE READ!!!

A detailed presentation of the cash or cash value of all cost share proposed for the project must be provided in the table below. Identify the source & amount of each item of cost share proposed by the award recipient and each sub-recipient or vendor. Letters of committment must be submitted for all third party cost share (other than award recipient).

Note that "cost-share" is not limited to cash investment. Other items that may be assigned value in a budget as incurred as part of the project budget and necessary to performance of the project, may be considered as cost share, such as: contribution of services or property; donated, purchased or existing equipment; buildings or land; donated, purchased or existing supplies; and/or unrecovered personnel, fringe benefits and indirect costs, etc. For each cost share contribution identified as other than cash, identify the item and describe how the value of the cost share contribution was calculated.

Funds from other Federal sources MAY NOT be counted as cost share. This prohibition includes FFRDC sub-recipients. Non-Federal sources include private, state or local Government, or any source not originally derived from Federal funds. Documentation of cost sharing commitments must be provided, if not already provided with the original application and they have not changed since its submission.

Fee or profit will not be paid to the award recipients or subrecipients of financial assistance awards. Additionally, foregone fee or profit by the applicant shall not be considered cost sharing under any resulting award. Reimbursement of actual costs will only include those costs that are allowable and allocable to the project as determined in accordance with the applicable cost principles prescribed in 10 CFR 600.127, 10 CFR 600.222 or 10 CFR 600.317. Also see 10 CFR 600.318 relative to profit or fee.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Organization/Source	Type (cash or other)	Cost Share Item	Budget Period 1 Cost Share	Budget Period 2 Cost Share	Budget Period 3 Cost Share	Total Project Cost Share
ABC Company EXAMPLE ONLY!!!	REDACTED EXEMPTION 4					

Organization/Source	Type (cash or other)	Cost Share Item	Budget Period 1 Cost Share	Budget Period 2 Cost Share	Budget Period 3 Cost Share	Total Project Cost Share
		REDACTED EXEMPTION 4				
		Totals				

Total Project Cost

Cost Share Percent of Award:

Additional Explanations/Comments (as necessary)

REDACTED EXEMPTION 4

PMC123.1 - Budget Justification for SF 424A Budget

Instructions and Summary

Award Number: _____ Date of Submission: _____

Award Recipient: Solazyme Form submitted by: Abengoa Bioenergy

(May be award recipient or sub-recipient)

Please read the instructions on each page before starting.
If you have any questions, please ask your DOE contact. It will save you time!

On this form, provide detailed support for the estimated project costs identified on the SF-424A form (Budget).

- The dollar amounts on this page must match the amounts on the associated SF-424A.
- The award recipient and each sub-recipient with estimated costs of $100,000 or more must complete this form and a SF-424A form.
- The total budget presented on this form and on the SF424A must include both Federal (DOE), and Non-Federal (cost share) portions, thereby reflecting TOTAL PROJECT COSTS proposed.
- For costs in each Object Class Category on the SF-424A, complete the corresponding worksheet on this form (tab at the bottom of the page).
- All costs incurred by the preparer's sub-recipients, vendors, contractors, consultants and Federal Research and Development Centers (FFRDCs), should be entered only in section f. Contractual. All other sections are for the costs of the preparer only.

SUMMARY OF BUDGET CATEGORY COSTS PROPOSED

(Note: The values in this summary table are from entries made in each budget category sheet.)

CATEGORY	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Total Costs	Project Costs %	Comments (Add comments as needed)
a. Personnel						
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
Sub-recipient						
FFRDC						
Vendor						
Total Contractual						
g. Construction						
h. Other Direct Costs						
i. Indirect Charges						
Total Project Costs						

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

a. Personnel

PLEASE READ!!!

List costs solely for employees of the entity completing this form (award recipient or sub-recipient). All other personnel costs (of subrecipients or other contractual efforts of the entity preparing this) must be included under f., Contractual. This includes all consultants and FFRDCs.

Identify positions to be supported. Key personnel should be identified by title. All other personnel should be identified either by title or a group category. State the amounts of time (e.g., hours or % of time) to be expended, the composite base pay rate, total direct personnel compensation and identify the rate basis (e.g., actual salary, labor distribution report, technical estimate, state civil service rates, etc.).

Add rows as needed. Formulas/calculations will need to be entered by the preparer of this form. Please enter formulas as shown in the example.

Task # and Title	Position Title	Budget Period 1			Budget Period 2			Budget Period 3			Project Total Hours	Project Total Dollars	Rate Basis
		Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 1	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 2	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 3			
1. Generation 2A Receiver Design													
EXAMPLE	Sr. Engineer												
ONLY!!!	Electrical engineers												
	Technician												
1. (Task 1 Title)													
2. (Task 2 Title)													
3. (Task 3 Title)													
etc.													

REDACTED
EXEMPTION 4

Task # and Title	Position Title	Budget Period 1			Budget Period 2			Budget Period 3			Project Total Hours	Project Total Dollars	Rate Basis
		Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 1	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 2	Time (Hours)	Pay Rate ($/Hr)	Total Budget Period 3			
	Total Personnel Costs												

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

b. Fringe Benefits

	Budget Period 1	Budget Period 2	Budget Period 3	Total
Rate applied:				
Total fringe requested:				

REDACTED
EXEMPTION 4

A federally approved fringe benefit rate agreement, or a proposed rate supported and agreed upon by DOE for estimating purposes is required if reimbursement for fringe benefits is requested. Please check (X) one of the options below and provide the requested information, if it has not already been provided to the Contracting Officer, OR if it has changed since it was. Calculate the fringe rate and enter the total amount in Section B, line 6.b. ("Fringe Benefits") of form SF-424A.

____ **A fringe benefit rate has been negotiated with, or approved by, a federal government agency. A copy of the latest rate agreement is included with this application, and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the appliction of the approved rate, to arrive at the proposed fringes benefits dollars should also be provided.)

X **There is not a current, federally approved rate agreement negotiated and available.**
(When this option is checked, the entity preparing this form shall submit a rate proposal in the format provided at the following website, or a format that provides the same level of information and which will support the rates being proposed for use in performance of the proposed project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

Additional explanation/comments (as necessary)

REDACTED
EXEMPTION 4

c. Travel

PLEASE READ!!!

Provide travel detail as requested below, identifying total Foreign and Domestic Travel as separate items. Purpose of travel are items such as professional conference, DOE sponsored meeting, project management meeting, etc. The Basis for Estimating Costs are items such as past trips, current quotations, Federal Travel Regulations, etc.

All listed travel must be necessary for performance of the Statement of Projecct Objectives.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Purpose of travel	No. of Travelers	Depart From (not required for domestic travel)	Destination (not required for domestic travel)	No. of Days	Cost per Traveler	Cost per Trip	Basis for Estimating Costs
Budget Period 1							
Domestic Travel							
EXAMPLE ONLY!!! Visit to PV cell mfr. to set up vendor agreement							
		REDACTED EXEMPTION 4					
Domestic Travel subtotal							
International Travel							
International Travel subtotal							
Budget Period 1 Total							

Purpose of travel	No. of Travelers	Depart From (not required for domestic travel)	Destination (not required for domestic travel)	No. of Days	Cost per Traveler	Cost per Trip	Basis for Estimating Costs
Budget Period 2							
Domestic Travel							
Domestic Travel subtotal							
International Travel		REDACTED EXEMPTION 4					
International Travel subtotal							
Budget Period 2 Total							
Budget Period 3							
Domestic Travel							
Domestic Travel subtotal							
International Travel							
International Travel subtotal							
Budget Period 3 Total							
PROJECT TOTAL							

Additional Explanations/Comments (as necessary)

d. Equipment

PLEASE READ!!!

Equipment is generally defined as an item with an acquisition cost greater than $5,000 and a useful life expectancy of more than one year. Further definitions can be found at 10 CFR 600 found on the PMC Recipient Resources Forms page at https://www.eere-pmc.energy.gov/Forms.aspx#regs .

List all proposed equipment below, providing a basis of cost such as vendor quotes, catalog prices, prior invoices, etc., and briefly justifying its need as it applies to the Statement of Project Objectives. If it is existing equipment, and the value of its contribution to the project budget is being shown as cost share, provide logical support for the estimated value shown. If it is new equipment which will retain a useful life upon completion of the project, provide logical support for the estimated value shown.

For equipment over $50,000 in price, also include a copy of the associated vendor quote or catalog price list.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Equipment item	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
				dget Period 1	
EXAMPLE ONLY!!! Thermal shock chamber					
				REDACTED EXEMPTION 4	
Budget Period 1 Total					
				dget Period 2	
Budget Period 2 Total					

Equipment Item	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 3					
				REDACTED EXEMPTION 4	
Budget Period 3 Total					
PROJECT TOTAL					

Additional Explanations/Comments (as necessary)

e. Supplies

PLEASE READ!!!

Supplies are generally defined as an item with an acquisition cost of $5,000 or less and a useful life expectancy of less than one year. Supplies are generally consumed during the project performance. Further definitions can be found at 10 CFR 600 found on the PMC Recipient Resources Forms page at https://www.eere-pmc.energy.gov/Forms.aspx#regs.

List all proposed supplies below, providing a bases of cost such as vendor quotes, catalog prices, prior invoices, etc., and briefly justifying the need for the Supplies as they apply to the Statement of Project Objectives. Note that Supply Items must be direct costs to the project at this budget category, and not duplicative of supply costs included in the indirect pool that is the basis of the indirect rate applied for this project.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 1					
EXAMPLE ONLY!!! Wireless DAS components					
Budget Period 1 Total					
Budget Period 2 Total					

REDACTED
EXEMPTION 4

General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 3					
		REDACTED			
		EXEMPTION 4			
Budget Period 3 Total					
PROJECT TOTAL					

Additional Explanations/Comments (as necessary)

f. Contractual

PLEASE READ!!!

The entity completing this form must provide all costs related to sub-recipients, vendors, contractors, consultants and FFRDC partners in the applicable boxes below.

Sub-recipients (partners, sub-awardees):
For each sub-recipient with total project costs of $100,000 or more, a separate SF-424A budget and PMC123.1 budget justification form must be submitted. These sub-recipient forms may be completed by either the sub-recipients themselves or by the preparer of this form. The budget totals on the sub-recipient's forms must match the sub-recipeint entries below.

The preparer of this form need only provide further support of the completed sub-recipient budget forms as they deem necessary. The support to justify the budgets of sub-recipients with estimated costs less than $100,000 may be in any format, and at a minimum should provide what Statement of Project Objectives task(s) are being performed, the purpose/need for the effort, and a basis of the estimated costs that is considered sufficient for DOE evaluation.

Vendors (includes contractors and consultants):
List all vendors, contractors and consultants supplying commercial supplies or services used to support the project. The support to justify vendor costs (in any amount) should provide the purpose for the products or services and a basis of the estimated costs that is considered sufficient for DOE evaluation.

Federal Research and Development Centers (FFRDCs):
For FFRDC partners, award recipient will provide a Field Work Proposal (if not already provided with the original application), along with the FFRDC labor mix and hours, by category and FFRDC major purchases greater than $25,000, including Quantity, Unit Cost, Basis of Cost, and Justification. The award recipient may allow the FFRDC to provide this information directly to DOE.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
EXAMPLE ONLY!!! XYZ Corp.					
	REDACTED				
	EXEMPTION 4				

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
	REDACTED EXEMPTION 4				
	Sub-total				

Vendor Name/Organization	Product or Service, Purpose/Need and Basis of Cost (Provide additional support at bottom of page as needed)	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
EXAMPLE ONLY!!! ABC Corp.					
	REDACTED EXEMPTION 4				

FFRDC Name/Organization	Purpose	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
	REDACTED EXEMPTION 4				

Total Contractual		

AdditionalExplanations/Comments (as necessary)

g. Construction

PLEASE READ!!!

Construction, for the purpose of budgeting, is defined as all types of work done on a particular building, including erecting, altering, or remodeling. Construction conducted by the award recipient is entered on this page. Any construction work that is performed by a vendor or subrecipient to the award recipient should be entered under f. Contractual.

List all proposed construction below, providing a basis of cost such as engineering estimates, prior construction, etc., and briefly justify its need as it applies to the Statement of Project Objectives.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Overall description of construction actiivities:

Example Only!!! - Build wind turbine platform

General Description	Cost	Basis of Cost	Justification of need
Budget Period 1			
Three days of excavation for platform site EXAMPLE ONLY!!!			
		REDACTED EXEMPTION 4	
Budget Period 1 Total			
Budget Period 2			
		REDACTED EXEMPTION 4	
Budget Period 2 Total			

General Description	Cost	Basis of Cost	Justification of need
Budget Period 3			
REDACTED EXEMPTION 4			
Budget Period 3 Total			
PROJECT TOTAL			

Additional Explanations/Comments (as necessary)

h. Other Direct Costs

PLEASE READ!!!

Other direct costs are direct cost items required for the project which do not fit clearly into other categories, and are not included in the indirect pool for which the indirect rate is being applied to this project. Examples are meeting costs, postage, couriers or express mail, telephone/fax costs, printing costs, etc.

Basis of cost are items such as vendor quotes, prior purchases of similar or like items, published price list, etc.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

General description	Cost	Basis of Cost	Justification of need
Budget Period 1			
EXAMPLE ONLY!!! Grad student tuition	$16,000	Established UCD costs	Support of graduate students working on project
		REDACTED EXEMPTION 4	
Budget Period 1 Total			
Budget Period 2			
		REDACTED EXEMPTION 4	
Budget Period 2 Total			
Budget Period 3			
		REDACTED EXEMPTION 4	
Budget Period 3 Total			
PROJECT TOTAL			

Additional Explanations/Comments (as necessary)

i. Indirect Costs

	Budget Period 1	Budget Period 2	Budget Period 3	Total
Rate applied:				
Total indirect costs requested:				

REDACTED
EXEMPTION 4

A federally approved indirect rate agreement, or rate proposed supported and agreed upon by DOE for estimating purposes is required if reimbursement of fringe benfits is requested. Please check (X) one of the options below and provide the requested information if it has not already been provided as requested, or has changed. Calculate the indirect rate dollars and enter the total in the Section B., line 6.j. (Indirect Charges) of form SF 424A.

____ **There is a federally approved indirect rate agreement. A copy is provided with this application and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the application of the approved rate, to arrive at the proposed indirect charges proposed should also be provided.)

X **There is no current, federally-approved indirect rate agreement.**
(When this option is checked, the entity preparing this form shall submit an indirect cost rate proposal in the format provided at the following website, or in a format that provides the same level of information and which supports the rate(s) being proposed for use in estimating the project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

Cost Share

PLEASE READ!!!

A detailed presentation of the cash or cash value of all cost share proposed for the project must be provided in the table below. Identify the source & amount of each item of cost share proposed by the award recipient and each sub-recipient or vendor. Letters of committment must be submitted for all third party cost share (other than award recipient).

Note that "cost-share" is not limited to cash investment. Other items that may be assigned value in a budget as incurred as part of the project budget and necessary to performance of the project, may be considered as cost share, such as: contribution of services or property; donated, purchased or existing equipment; buildings or land; donated, purchased or existing supplies; and/or unrecovered personnel, fringe benefits and indirect costs, etc. For each cost share contribution identified as other than cash, identify the item and describe how the value of the cost share contribution was calculated.

Funds from other Federal sources MAY NOT be counted as cost share. This prohibition includes FFRDC sub-recipients. Non-Federal sources include private, state or local Government, or any source not originally derived from Federal funds. Documentation of cost sharing commitments must be provided, if not already provided with the original application and they have not changed since its submission.

Fee or profit will not be paid to the award recipients or subrecipients of financial assistance awards. Additionally, foregone fee or profit by the applicant shall not be considered cost sharing under any resulting award. Reimbursement of actual costs will only include those costs that are allowable and allocable to the project as determined in accordance with the applicable cost principles prescribed in 10 CFR 600.127, 10 CFR 600.222 or 10 CFR 600.317. Also see 10 CFR 600.318 relative to profit or fee.

Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.

Organization/Source	Type (cash or other)	Cost Share Item	Budget Period 1 Cost Share	Budget Period 2 Cost Share	Budget Period 3 Cost Share	Total Project Cost Share
ABC Company **EXAMPLE ONLY!!!**	[redacted]	REDACTED EXEMPTION 4				

Organization/Source	Type (cash or other)	Cost Share Item	Budget Period 1 Cost Share	Budget Period 2 Cost Share	Budget Period 3 Cost Share	Total Project Cost Share
		REDACTED EXEMPTION 4				
		Totals				

Total Project Cost:

Cost Share Percent of Award:

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

Applicant Name: BlueFire Ethanol Fuels, Inc. (sub-recipient) Award Number: DE-FOA-0000096

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. 81.087				$1,112,000		
2.						
3.					REDACTED EXEMPTION 4	
4.						
5. Totals		$0		$1,112,000		

Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity (1)	(2)	(3)	(4)	Total (5)
a. Personnel					$567,200
b. Fringe Benefits					$111,200
c. Travel					$5,560
d. Equipment					$0
e. Supplies					$266,952
f. Contractual					$0
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	$				
j. Indirect Charges					
k. **Totals** (sum of 6i-6j)	$				
7. Program Income					

REDACTED EXEMPTION 4

Section C - Non-Federal Resources

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) **Totals**
8. DE-FOA-0000096				
9.				
10.				
11.				
12. **Total** (sum of lines 8 - 11)				

REDACTED
EXEMPTION 4

Section D - Forecasted Cash Needs

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	$444,800	$111,200	$111,200	$111,200	$111,200
14. Non-Federal					
15. **Total** (sum of lines 13 and 14)					

REDACTED
EXEMPTION 4

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

	Future Funding Periods (Years)			
(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth
16. DE-FOA-0000096				
17.				
18.				
19.				
20. **Total** (sum of lines 16-19)				

REDACTED
EXEMPTION 4

Section F - Other Budget Information

21. Direct Charges

23. Remarks

PMC123.1 - Budget Justification for SF 424A Budget

Instructions and Summary

Award Number: DE-FOA-0000096
Award Recipient: Bluefire (sub-recipient)

Date of Submission: 12/29/2009
Form submitted by: Solazyme
(May be award recipient or sub-recipient)

Please read the instructions on each page before starting.
If you have any questions, please ask your DOE contact. It will save you time!

On this form, provide detailed support for the estimated project costs identified on the SF-424A form (Budget).

- The dollar amounts on this page must match the amounts on the associated SF-424A.
- The award recipient and each sub-recipient with est

SUMMARY OF BUDGET CATEGORY COSTS PROPOSED
(Note: The values in this summary table are from entries made in each budget category sheet.)

CATEGORY	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Total Costs	Project Costs %	Comments (Add comments as needed)
a. Personnel						
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
Sub-recipient						
FFRDC						
Vendor						
Total Contractual						
g. Construction						
h. Other Direct Costs						
i. Indirect Charges						
Total Project Costs						

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

Applicant Name: Cherokee Pharmaceuticals LLC (sub-recipient) Award Number: DE-FOA-0000096

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Demonstration of Integrated Biorefinery Operations	81.087		REDACTED EXEMPTION 4	$9,824,148		
2.						
3.						
4.						
5. Totals		$0		$9,824,148		

Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity (1)	(2)	(3)	(4)	Total (5)
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. **Totals** (sum of 6i-6j)					
7. Program Income					

REDACTED EXEMPTION 4

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Section C - Non-Federal Resources

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) **Totals**
8. Demonstration of Integrated Biorefinery Operations				
9.				
10.				
11.				
12. **Total** (sum of lines 8 - 11)				

REDACTED
EXEMPTION 4

Section D - Forecasted Cash Needs

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	$4,432,422	$228,215	$76,072	$0	$4,128,133
14. Non-Federal					
15. **Total** (sum of lines 13 and 14)					

REDACTED
EXEMPTION 4

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

(a) Grant Program	Future Funding Periods (Years) (b) First	(c) Second	(d) Third	(e) Fourth
16. Demonstration of Integrated Biorefinery Operations				
17.				
18.				
19.				
20. **Total** (sum of lines 16-19)				

REDACTED
EXEMPTION 4

Section F - Other Budget Information

21. Direct Charges

23. Remarks

CHEROKEE
PHARMACEUTICALS
A PROTALIX BIOTHERAPEUTICS COMPANY

Cherokee's indirect Rate Method.

Cherokee Pharmaceuticals LLC (Cherokee) is an active pharmaceutical ingredients (API) manufacturer located in Pennsylvania. Cherokee acquired the facility from Merck & Co., Inc. (Merck). The acquisition included a plant facility, land, machinery and equipment, inventory, operational employees, and a supply contract with Merck. Cherokee is an active tolling manufacturer of APIs for a number of human and animal health products. The company offers commercial manufacturing capabilities at market competitive prices. These market competitive prices include allocations for indirect expenses including Fringe Benefits, Plant Indirect Expenses and Corporate Indirect Expenses. These pooled expenses are allocated to the program as outlined in this memo. Cherokee is actively operating a competitive toll manufacturing business, and is therefore unable to disclose certain detailed historical indirect rate support to customers and partners, including Solazyme. Cherokee will provide information directly to the DOE upon request.

Fringe rate justification:

____ **A fringe benefit rate has been negotiated with, or approved by, a federal government agency. A copy of the latest rate agreement is included with this application, and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the appliction of the approved rate, to arrive at the proposed fringes benefits dollars should also be provided.)

__x__ **There is not a current, federally approved rate agreement negotiated and available.**
(When this option is checked, the entity preparing this form shall submit a rate proposal in the format provided at the following website, or a format that provides the same level of information and which will support the rates being proposed for use in performance of the proposed project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

The Fringe pool is calculated using historical financials from Cherokee's General Ledger and includes: employee benefits, payroll taxes, workers' compensation, etc. The Fringe rate allocated to personnel charges in the program is 40%.

Indirect rate justification:

____ **There is a federally approved indirect rate agreement. A copy is provided with this application and will be provided electronically to the Contracting Officer for this project.**
(When this option is selected, a presentation of the budget that demonstrates the application of the approved rate, to arrive at the proposed indirect charges proposed should also be provided.)

__x__ **There is no current, federally-approved indirect rate agreement.**
(When this option is checked, the entity preparing this form shall submit an indirect cost rate proposal in the format provided at the following website, or in a format that provides the same level of information and which supports the rate(s) being proposed for use in estimating the project. Go to https://www.eere-pmc.energy.gov/forms.aspx and select PMC 400.2 Sample Rate Proposal.)

The Plant indirect pool includes expenses and activities incurred to operate the facility that are shared with other manufacturing operations and are therefore allocated on a per batch basis. Plant indirect expenses include: general utilities & waste water treatment, engineering, QA, technical operations, IT, environmental compliance, safety, security, OBE, administration, HR, finance, warehouse and generalt operations. The Plant Indirect rate is 21% of direct expenses for Cherokee and is calculated using historical financials from Cherokee's General Ledger.

The Corporate indirect pool includes all expenses and activities that are not directly assigned to individual projects and are not incurred on site at the pilot facility that are required for the successful execution of the project. The Corporate indirect rate of 7% is calculated using historical financials from Cherokee's General Ledger and includes: Corporate overhead, NRE, Business development, marketing and distribution.

PMC123.1 - Budget Justification for SF 424A Budget

Instructions and Summary

Award Number: DE-FOA-0000096
Award Recipient: Cherokee Pharmaceuticals LLC

Date of Submission: 12/29/2009
Form submitted by: Solazyme
(May be award recipient or sub-recipient)

Please read the instructions on each page before starting.
If you have any questions, please ask your DOE contact. It will save you time!

On this form, provide detailed support for the estimated project costs identified on the SF-424A form (Budget).

- The dollar amounts on this page must match the amounts on the associated SF-424A.
- The award recipient and each sub-recipient with estimated costs of $100,000 or more must complete this form and a SF-424A form.
- The total budget presented on this form and on the SF424A **must include both Federal (DOE), and Non-Federal (cost share) portions**, thereby reflecting TOTAL PROJECT COSTS proposed.
- For costs in each Object Class Category on the SF-424A, complete the corresponding worksheet on this form (tab at the bottom of the page).
- All costs incurred by the preparer's sub-recipients, vendors, contractors, consultants and Federal Research and Development Centers (FFRDCs), should be entered only in section f. Contractual. All other sections are for the costs of the preparer only.

SUMMARY OF BUDGET CATEGORY COSTS PROPOSED
(Note: The values in this summary table are from entries made in each budget category sheet.)

CATEGORY	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Total Costs	Project Costs %	Comments (Add comments as needed)
a. Personnel						
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
Sub-recipient						
FFRDC						
Vendor						
Total Contractual						
g. Construction						
h. Other Direct Costs						
i. Indirect Charges						
Total Project Costs						

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

PMC 121.1
(07/2008)

U.S. DEPARTMENT OF ENERGY
PROJECT MANAGEMENT CENTER

PRE-AWARD INFORMATION SHEET

ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED

Awardee Name:	Solazyme, Inc.
Award Number:	DE-FOA-0000096
Awardee Business Officer:	Jonathan Wolfson
Awardee Project Director:	David Brinkmann

Employer/Taxpayer Identification Number (EIN/TIN):	33-1077078
Data Universal Numbering System (DUNS):	145862012

For assistance in obtaining a DUNS Number, call Dunn & Bradstreet at 1-800-333-0505.
The Applicant should be prepared to provide the following information to Dunn & Bradstreet:
(1) Company name
(2) Company address
(3) Company telephone number
(4) Line of business
(5) Chief executive officer/key manager
(6) Date the company was started
(7) Number of people employed by the company
(8) Company affiliation

Note: Awardee Name, EIN/TIN and DUNS MUST coincide with the Awardee's information recorded in the Central Contract Registry (CCR).

A. TYPE OF BUSINESS - the Awardee is a:

- ☐ For-Profit Organization (Other than Small Business)
  - ☐ Corporation
  - ☐ Partnership
  - ☐ Sole Proprietorship
- ☐ Government
  - ☐ Local Government
  - ☐ State Government
  - ☐ Indian Tribal Government
- ☐ Individual
- ☐ Institution of Higher Education
- ☐ Other NonProfit Organization
- ☒ Small Business
- ☐ Other (specify):

If NonProfit, select one below:

☐ A university or other institution of higher education or an organization of the type described in Section 501(c)(3) of the Internal Revenue Code of 1954 (26 USC 501(c)) and exempt from taxation under Section 501(a) of the Internal Revenue Code (26 USC 501(a)); or

☐ An organization of the type described in Section 501(c)(4) of the Internal Revenue Code of 1954 (26 USC 501(c)) and exempt from taxation under Section 501(a) of the Internal Revenue Code (26 USC 501(a)); or

☐ An organization of the type described in Section 501(c)(6) of the Internal Revenue Code of 1954 (26 USC 501(c)) and exempt from taxation under Section 501(a) of the Internal Revenue Code (26 USC 501(a)); or

☐ A nonprofit scientific or educational organization qualified under a State nonprofit organization statute. (Please identify the statute.); or

☐ Other (specify type):

Is the Applicant a member of the Federal Demonstration Partnership (FDP)? ☐ Yes ☐ No
A listing of FDP members is available at http://www.thefdp.org/FDP_Members.html.

B. INTELLECTUAL PROPERTY

1. WAIVER OF DOE PATENT RIGHTS

This section applies only to large businesses and nonprofits other than 501(c)(3) organizations. All others should leave this subsection blank and proceed to the "Rights in Application Data" subsection that follows. Large businesses and nonprofits other than 501(c)(3) organizations have the right to request, in advance or within 30 days after execution of an award, in accordance with applicable statutes and DOE Patent Waiver Regulation (10 CFR 784), a waiver of all or any part of the rights of the United States in Subject Inventions. Accordingly, please check all that apply:

☐ I intend to request an advance waiver in accordance with 10 CFR 784.
☐ I intend to request an advance waiver on behalf of one or more subrecipients/subcontractors.
☐ I have at least one subrecipient/subcontractor that will request a waiver on its own behalf.
☐ I do not intend to request an advance waiver.

2. RIGHTS IN APPLICATION DATA

For an award based on an application/proposal, the Government will obtain unlimited rights in the technical data contained in the application/proposal, unless the Awardee marks those portions of the technical information which it asserts as "proprietary data" or specifies those portions of such technical data which are not directly related to or will not be utilized in the work to be funded under this award.

Accordingly, please indicate:

☐ No restrictions on Government rights in technical data contained in the application/proposal; or

☒ The application/proposal contains the following identified technical data that is proprietary, or is not directly related to, or will not be utilized in the work to be funded under this award.

Please list specific page numbers, table numbers, etc., and the dated version of the application/proposal to which you refer: See 091222_Solazyme_AttachmentA_PreAwardInfoSheet_PMC121.1_SectionB2.pdf

3. IDENTIFICATION OF LIMITED RIGHTS DATA AND RESTRICTED COMPUTER SOFTWARE

Below, please identify any Limited Rights Data or Restricted Computer Software you plan to use to carry out your work under the award. Limited Rights Data means data (other than computer software) developed at private expense that embody trade secrets or are commercial or financial, and confidential or privileged. Restricted Computer Software means computer software developed at private expense and that is a trade secret, is commercial or financial, and confidential or privileged, or is published, copyrighted computer software, to include modifications of the computer software.

Please note that these data do not include data that you will produce under this award. Data that is first produced under this award is treated separately under the data rights clause of this award. This section covers only those data that you bring into this award that were privately funded.

If you plan to use Limited Rights Data or Restricted Computer Software under the award, please describe it in a few sentences or bullets, with sufficient detail that the DOE Project Officer can determine whether DOE will need to have any of it delivered, for example, to validate your results or the data produced under the award. You are not required to list issued patents or published patent applications. You do need to list unpublished patent applications (by title and brief description) and trade secret processes (by non-proprietary title with brief, non-proprietary description). If you have questions regarding the completion of this section, please contact the Contract Specialist handling your award.

Based on the above, please review the requirements in the technical scope of work for this award and indicate, to the best of your knowledge:

☐ No Limited Rights Data will be utilized in the performance of this award.

☒ Limited Rights Data as follows will be utilized in the performance of this award.

Use this block to provide additional information or provide an attachment: See 091221_Solazyme_AttachmentB_PreAwardInfoSheet_PMC121.1_SectionB3.pdf

Based on the above, please review the requirements in the technical scope of work for this award and indicate, to the best of your knowledge:

☒ Awardee Restricted Computer Software will NOT be utilized in the performance of this award.

☐ Awardee Restricted Computer Software as follows will be utilized in the performance of this award.

Use this block to provide additional information or provide an attachment:

C. PROJECT PERFORMANCE SITE and CONGRESSIONAL DISTRICT

List the address and congressional district for the primary site where the work will be performed:

Street Address:	**Cherokee Pharmaceuticals, LLC, 100 Avenue C, P.O. Box 367**
City:	**Riverside**
State:	**PA**
Zip:	**17868**
Congressional District:	10th Congressional District in Pennsylvania

If a portion of the work will be performed at any other site(s), identify those site(s) below, and indicate what portion of the effort will be performed at this/these site(s):

Street Address:	Solazyme, 201 Gateway Boulevard
City:	South San Francisco
State:	CA
Zip:	94080
Congressional District:	12th Congressional District in California

Briefly describe portion of effort for this Site:	Optimization of fermentation parameters at laboratory scale to support integrated pilot operations at SzIBR

Street Address:	UOP, 5200 Underwood Road
City:	Pasadena
State:	TX
Zip:	77507
Congressional District:	22nd Congressional District in Texas

Briefly describe portion of effort for this Site:	Production of renewable diesel from algal oil

Street Address:	REG, 3426 East 28th St N
City:	Newton
State:	IA
Zip:	50208
Congressional District:	3rd Congressional District in Iowa

Briefly describe portion of effort for this Site:	Production of biodiesel from algal oil

D. INVOICING AND PAYMENTS

1. Has the Awardee received any prior DOE awards administered by the Golden Field Office (GO)?

☐ Yes

If yes, please list the most recent award number: _____

☒ No

2. Is the Awardee currently enrolled with the U.S. Department of Treasury / ASAP system (Automated Standard Application for Payment System) under the DOE / Golden Field Office (GO) Agency Locator Code (ALC) and Region Code (#8900-0001-04)?

☐ Yes

Enter Awardee Seven-digit ASAP ID Number: _____

☒ No

3. Please provide the following contact information for ASAP and/or Payments:

IMPORTANT: If not currently enrolled in the ASAP system under GO's ALC and Region Code, the person identified below will be contacted by the U.S. Department of Treasury with further instruction on completing the ASAP enrollment process.

ASAP / Payments Contact Person: **Yelena Popova**

Phone No.: **650-963-5215** Extension: **N/A** E-mail: **ypopova@solazyme.com**

4. Indicate preferred payment method below: (NOTE: this section is reserved for universities, hospitals, other non-profit organizations and state and local governments that are authorized Advance Payment Procedures, unless a specific need is supported. All other entities desiring advance payment should discuss with the DOE Award Administrator.)

☐ Payment by Advance is preferred. (SF 272 reporting will be required.)
☐ Payment by Reimbursement is preferred. (SF 272 reporting will not be required.)

5. Indicate the name, phone number, and email address of the Designated Responsible Employee for complying with national policies prohibiting discrimination (see 10 CFR 1040.5 and the Certifications and Assurances found at http://management.energy.gov/documents/CERTSASSUR.doc).

Lisa Roslund	**650-963-5211**
Name	Telephone Number
Director, Human Resources	**lroslund@solazyme.com**
Title	Email Address

REPRESENTATION/CERTIFICATION

I represent by my signature below that all the information provided by this form is accurate.

Name: Jonathan Wolfson

Title: Chief Executive Officer

Signature of Authorized Company Official:

Date: December 22, 2009

Attachment A

Solazyme, Inc. considers its entire Application entitled, "Solazyme's Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae" in response to DE-FOA-0000096 to be technical data that is proprietary to Solazyme, Inc., except for the following files:

- "Summary.pdf" that contains the Project Summary/Abstract File for this Project.
- "091221_Solazyme_PMC134_1_StatementOfProjectObjectives.pdf" that contains the Statement of Project Objectives for this Project
- "091223_IBR_ARRAprojects_Solazyme.pdf" that contains a Project Description for posting to the DOE website

Specifically, the following submissions are to be considered Proprietary Data and the Government in their entirety, except for the file referenced above, and hereby request that DOE shall treat such submissions as Limited Rights Data.

Title	Submission Date
Entire Solazyme Application under DE-FOA-0000096 entitled "Solazyme's Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae," except for the Project Summary/Abstract File. See below for the specific document names/file names.	Original submission: dated June 29, 2009 (PST), and received by DOE on June 30, 2009 (EST)
Document entitled "Solazyme's Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae"; DE-FOA 0000096—Budget Clarification Submission. See below for specific document	Submitted to DOE September 27, 2009

names/file names	
Oral presentation and accompanying slides/reference materials	Oral presentation date: October 9, 2009 and slide deck submission prior to oral presentation.
Financial Assistance Pre-Award Information Sheet, PMC 121.1	Part of Pre-Award submission on December 23, 2009; File name: 091222_Solazyme_PreAward InfoSheet_PMC121_1.pdf
Financial Information, PMC 410.1 with DCAA Audit Attachment	Part of Pre-Award submission on December 23, 2009; File names: 091210_Solazyme_Financial_Information_ Request_PMC410_1.pdf 091223_Solazyme_Attachment_PMC410_1_ DCAA_Audit_04281_2009A17740010.pdf
Representation of Limited Rights Data and Restricted Computer Software	Part of Pre-Award submission on December 23, 2009; File names: 091222_Solazyme_AttachmentA_PreAwardInfoSheet_PMC121_1_ SectionB2.pdf 091221_Solazyme_AttachmentB_PreAwardInfo Sheet_PMC121_1_SectionB3.pdf
Environmental Checklist, EF1	Part of Pre-Award submission on December 23, 2009; File names: 091222_EF1.doc Solazyme_Environmental questionnaire for FOA application.pdf Solazyme_PEP_Section8_NEPA.pdf
Letters of Commitment	Originally submitted as part of Solazyme Application under DE-FOA-0000096 on June 29, 2009 (PST). Resubmitted as part of Pre-Award submission on December 23, 2009; File names, see below.
Indirect Rate Agreement of a Rate Proposal	Originally submitted on September 27, 2009 as part of the Budget Clarification Submission. See below for file name.

Documents submitted as part of Solazyme Application under DE-FOA-0000096 entitled "Solazyme's Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae", submitted June 29, 2009 (PST).	
Name of Document	**File Name**
SF 424- Application for Federal Assistance	Solazyme-Application for Federal Assistance.pdf
Project/Performance Site Location	PPSL.doc
Project Narrative File, including Project Narrative Cover Sheet.	Project.pdf
Resume file	Resume.pdf
SF 424A Excel—Budget Information for Non-Construction Programs File	SF424A.xls
Budget Justification File	1. BudgetJustification.xls 2. Indirect Rate Justification.doc

Letters of Commitment	1. ABNT support letter.pdf 2. Cherokee cost share letter.pdf 3. UOP support letter.pdf
Subaward Budget Files	1. Abengoa_budgetjustification.xls 2. Abengoa424.xls 3. bluefire_budgetjustification.xls 4. bluefire424.xls 5. bluefire_justification.doc 6. cherokee424.xls 7. Cherokee_budgetjustification.xls 8. Cherokee_indirect rate justification.doc 9. uop424.xls 10. uop_budgetjustification.xls
Environmental Questionnaire	Enviro.pdf
Project Management Plan	PMP.pdf
Histrorical, Current and Planned Technical and Financial Data	TechandFinData.xls
Business and Commercialization Plan	BusComPlan.pdf
Pro forma	Proforma.xls
IP Statement and Supporting Documentation	ProjectIP.pdf
Process Flow Diagram and Supporting Data	PFD_Data.pdf
Life-Cycle GHG Emission Reduction Data	LCA_GHG.xls
Petroleum Displacement Analysis	Petro.doc
Project Execution Plan	ProjExecPlan.pdf

Documents submitted as part of "Solazyme's Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae"; DE-FOA 0000096—Budget Clarification Submission.	
Name of Document	**File Name**
Cover letter from Tony Day	Solazyme Budget Clarification.doc
PMC123.1-Budget Justification for SF 424A Budget (Sub-recipient UOP)	Solazyme_uop_budgetjustification_revB.xls
PMC123.1- Budget Justification for SF 424A Budget (Solazyme Indirect Costs)	Solazyme_BudgetJustification_revB.xls
Explanation to Indirect Rate Justification Spreadsheet	Solazyme_IndirectRateJustification_revB.doc
PMC123.1- Budget Justification for SF 424A Budget (Solazyme Other Direct Costs)	Solazyme_reg_budgetjustification_revA.xls