

## Instructions and Summary

Award Number: \_\_\_\_\_  
 Award Recipient: \_\_\_\_\_

Date of Submission: \_\_\_\_\_  
 Form submitted by: \_\_\_\_\_

**Please read the instructions on each page (worksheet) before you start.  
 If you have any questions, please ask your DOE contact. It will be helpful if you can provide the application number.**

**On this form, provide detailed support for the estimated project costs identified for each Category (under different tabs).**

- The dollar amounts on this page must match the amounts on the associated application.
- **The award recipient and each sub-recipient with estimated costs of \$100,000 or more must complete this form and submit it to the DOE contact.**
- **The total budget presented on this form and on the application must include both Federal (DOE), and Non-Federal (contractor) PROJECT COSTS proposed.**
- For costs in each Object Class Category, complete the corresponding worksheet on this form (tab at the bottom of the costs in the "Additional Explanations/Comments" section to justify the costs.
- All costs incurred by the preparer's sub-recipients, vendors, contractors, consultants and Federal Research and Development are for the costs of the preparer only.

**BURDEN DISCLOSURE STATEMENT**

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this burden, to Office of Information Resources Management Policy, Plans, and Oversight, AD-241-2 - GTN, Paperwork Reduction Project (1910-new), Washington, DC 20585; and to the Office of Management and Budget, Paperwork Reduction Project (1910-new), Washington, DC 20503.

### SUMMARY OF BUDGET CATEGORY COSTS PROPOSED

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

CATEGORY	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Total Costs	Project Costs %
a. Personnel	\$0	\$0	\$0	\$0	#DIV/0!
b. Fringe Benefits	\$0	\$0	\$0	\$0	#DIV/0!
c. Travel	\$0	\$0	\$0	\$0	#DIV/0!
d. Equipment	\$0	\$0	\$0	\$0	#DIV/0!
e. Supplies	\$0	\$0	\$0	\$0	#DIV/0!
f. Contractual					
Sub-recipient	\$0	\$0	\$0	\$0	#DIV/0!
Vendor	\$0	\$0	\$0	\$0	#DIV/0!
FFRDC	\$0	\$0	\$0	\$0	#DIV/0!
<b>Total Contractual</b>	\$0	\$0	\$0	\$0	#DIV/0!
g. Construction	\$0	\$0	\$0	\$0	#DIV/0!
h. Other Direct Costs	\$0	\$0	\$0	\$0	#DIV/0!
<b>Total Direct Costs</b>	\$0	\$0	\$0	\$0	#DIV/0!

i. Indirect Charges	\$0	\$0	\$0	\$0	#DIV/0!
Total Project Costs	\$0	\$0	\$0	\$0	#DIV/0!

Additional Explanations/Comments (as necessary)

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a. Personnel

**PLEASE READ!!!**

List costs solely for employees of the entity completing this form (award prime recipient or sub-recipient with costs over \$100,000). All other personnel costs (for prime's subrecipients or other contractual efforts of the entity preparing this budget) 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 base pay rate (or composite base pay rate for group category), 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.

Include a brief narrative explanation of the costs in the "Additional Explanations/Comments" section to justify the costs.

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			
<b>1. Generation 2A Receiver Design</b>		10000		\$423,000	600		\$24,000	800		\$31,000	11400	\$478,000	Actual Salary
<b>EXAMPLE</b>	Sr. Engineer	2000	\$85.00	\$170,000	200	\$50.00	\$10,000	200	\$50.00	\$10,000	2400	\$190,000	Actual Salary
<b>ONLY!!!</b>	Electrical engineers	6200	\$35.00	\$217,000	400	\$35.00	\$14,000	600	\$35.00	\$21,000	7200	\$252,000	Actual Salary
	Technician	1800	\$20.00	\$36,000	0	\$0.00	\$0	0	\$0.00	\$0	1800	\$36,000	Actual Salary
<b>1. (Task 1 Title)</b>				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
<b>2. (Task 2 Title)</b>				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
<b>3. (Task 3 Title)</b>				\$0			\$0			\$0	0	\$0	
etc.				\$0			\$0			\$0	0	\$0	



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			

**b. Fringe Benefits**

**Please Read!!!**

Fill out the table below by labor type (add additional rows if necessary). If all employees receive the same fringe benefits, you can show "Total Personnel" in the Labor Type column instead of listing out all personnel separately. If necessary, you can use the box below to provide additional explanation regarding your fringe rate calculation.

The rates and how they are applied should not be averaged to get one fringe cost percentage.

The fringe benefit rate should be applied to both the Federal Share and Recipient Cost Share.

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

Labor Type	Budget Period 1			Budget Period 2			Budget Period 3			Total Project Fringe Benefit Costs
	Personnel Costs	Rate	Total	Personnel Costs	Rate	Total	Personnel Costs	Rate	Total	
<b>EXAMPLE ONLY:</b> Sr. Engineer	\$170,000	20%	\$34,000	\$10,000	20%	\$2,000	\$10,000	20%	\$2,000	\$38,000
Total Personnel			\$0			\$0			\$0	\$0
			\$0			\$0			\$0	\$0
			\$0			\$0			\$0	\$0
<b>Total:</b>	\$0		\$0	\$0		\$0	\$0		\$0	\$0

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. Calculate the fringe rate and the Total should calculate automatically (if adding rows, ensure the formulas are updated).

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.

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 the rate proposal must 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 Sample Rate Proposal.

**Additional Explanation/Comments (as necessary)**

Please use this box (or an attachment) to further explain how your total fringe benefits costs were calculated. Your 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).

**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 Project Objectives.

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

Purpose of travel	Depart From	Destination	No. of Days	No. of Travelers	Cost per Traveler	Cost per Trip	Basis for Estimating Costs
<b>Budget Period 1</b>							
<b>Domestic Travel</b>							
<b>EXAMPLE ONLY!!!</b> Visit to PV cell mfr. to set up vendor agreement			2	2	\$650	\$1,300	Internet prices
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	
Domestic Travel subtotal						\$0	
<b>International Travel</b>							
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	
International Travel subtotal						\$0	
<b>Budget Period 1 Total</b>						<b>\$0</b>	



**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 justify 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
<b>Budget Period 1</b>					
<b>EXAMPLE ONLY!!!</b> Thermal shock chamber	2	\$20,000	\$40,000	Vendor Quote	Reliability testing of PV modules- Task 4.3
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
<b>Budget Period 1 Total</b>			\$0		
<b>Budget Period 2</b>					
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		

Equipment Item	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
<b>Budget Period 2 Total</b>			\$0		
<b>Budget Period 3</b>					
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
<b>Budget Period 3 Total</b>			\$0		
<b>PROJECT TOTAL</b>			\$0		

**Additional Explanations/Comments (as necessary)**



General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
<b>Budget Period 2 Total</b>			\$0		
<b>Budget Period 3</b>					
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
<b>Budget Period 3 Total</b>			\$0		
<b>PROJECT TOTAL</b>			\$0		

**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 budget form and justification 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-recipient 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, the 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
<b>EXAMPLE ONLY!!!</b> XYZ Corp.	Partner to develop optimal fresnel lens for Gen 2 product - Task 2.4	\$48,000	\$32,000	\$16,000	<b>\$96,000</b>
					\$0
					\$0

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Sub-total</b>	\$0	\$0	\$0	\$0

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
<b>EXAMPLE ONLY!!!</b> ABC Corp.	Vendor for developing custom robotics to perform lens inspection, alignment, and placement (Task 4 ). Required for expanding CPV module mfg. capacity. Cost is from competitive quotes.	\$32,900	\$86,500		<b>\$119,400</b>
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Sub-total</b>	\$0	\$0	\$0	\$0

FFRDC Name/Organization	Purpose	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
					\$0
					\$0
					\$0
	<b>Sub-total</b>	\$0	\$0	\$0	\$0

Sub-Recipient Name/Organization	Purpose/Tasks in SOPO	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
Total Contractual		\$0	\$0	\$0	\$0

Additional Explanations/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 activities:**

Example Only!!! - Build wind turbine platform

General Description	Cost	Basis of Cost	Justification of need
<b>Budget Period 1</b>			
Three days of excavation for platform site EXAMPLE ONLY!!!	\$28,000	Engineering estimate	Site must be prepared for construction of platform.
<b>Budget Period 1 Total</b>	<b>\$0</b>		
<b>Budget Period 2</b>			

General Description	Cost	Basis of Cost	Justification of need
<b>Budget Period 2 Total</b>	\$0		
<b>Budget Period 3</b>			
<b>Budget Period 3 Total</b>	\$0		
<b>PROJECT TOTAL</b>	\$0		

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. These direct costs must not be included in the indirect costs (for which the indirect rate is being applied for this project). Examples are: equipment costs less than \$5000, meetings within the scope of work, printing costs, etc. which can be directly charged to the project and are not duplicated in indirect costs (overhead costs).

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
<b>Budget Period 1</b>			
<b>EXAMPLE ONLY!!!</b> Grad student tuition	\$16,000	Established UCD costs	Support of graduate students working on project
<b>Budget Period 1 Total</b>	\$0		
<b>Budget Period 2</b>			
<b>Budget Period 2 Total</b>	\$0		
<b>Budget Period 3</b>			
<b>Budget Period 3 Total</b>	\$0		
<b>PROJECT TOTAL</b>	<b>\$0</b>		

**Additional Explanations/Comments (as necessary)**

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General description	Cost	Basis of Cost	Justification of need

**i. Indirect Costs**

**Please Read!!!**

Fill out the table below to indicate how your indirect costs are calculated. If necessary, you can use the box below to provide additional explanation regarding your indirect rate calculation.

The rates and how they are applied should not be averaged to get one indirect cost percentage.

The indirect rate should be applied to both the Federal Share and Recipient Cost Share.

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

	Budget Period 1	Budget Period 2	Budget Period 3	Total	Explanation of BASE
<b>Provide ONLY Applicable Rates:</b>					
Overhead Rate	0.0%	0.0%	0.0%		
General & Administrative (G&A)	0.0%	0.0%	0.0%		
FCCM Rate, if applicable	0.0%	0.0%	0.0%		
OTHER Indirect Rate	0.0%	0.0%	0.0%		
<b>Indirect Costs (As Applicable):</b>					
Overhead Costs	\$0	\$0	\$0	\$0	
G&A Costs	\$0	\$0	\$0	\$0	
FCCM Costs, if applicable	\$0	\$0	\$0	\$0	
OTHER Indirect Costs	\$0	\$0	\$0	\$0	
<b>Total indirect costs requested:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

A federally approved indirect rate agreement, or rate proposed (supported and agreed upon by DOE for estimating purposes) is required if reimbursement of indirect costs 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 the totals should calculate automatically.

An indirect rate has been approved or negotiated with 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.

There is not a current, federally approved rate agreement negotiated and available\*.

\*When this option is checked, the entity preparing this form shall submit an indirect 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 Sample Rate Proposal.

**Additional Explanations/Comments (as necessary)**

\*IMPORTANT: Please use this box (or an attachment) to further explain how your total indirect costs were calculated. 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).

### 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 commitment 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 if incurred as part of the project budget and are necessary to the performance of the project. Items that may be considered as cost share include: contribution of services or property; donated, purchased or existing equipment; 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!!!	Cash	Project partner ABC Company will provide 40 PV modules for product development at 50% off the of the retail price of \$680	\$13,600			\$13,600
						\$0
						\$0
						\$0
						\$0
						\$0

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
						\$0
						\$0
						\$0
						\$0
						\$0
		Totals	\$0	\$0	\$0	\$0

Total Project Cost: \$0

Cost Share Percent of Award: #DIV/0!

Additional Explanations/Comments (as necessary)