OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	_____

*3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: DE-FG36-08GO88999

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: ABC Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 99-9999999	*c. Organizational DUNS: 99-999-9999

d. Address:

*Street 1: 123 ABC Street
Street 2:
*City: Golden
County: Jefferson County
*State: Colorado
Province:
*Country: U.S.
*Zip / Postal Code 80401-3393

In Block 8, Legal Name, EIN, DUNS, and Address must match CCR Registration information.

e. Organizational Unit:

Department Name: ABC Research Department	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Business
Middle Name:
*Last Name: Officer
Suffix:

Title: ABC Business Officer

Organizational Affiliation:
Business Office, ABC Corporation

*Telephone Number: (303) 555-1111 Fax Number: (303) 555-2222

*Email: business.officer@abccorp.com

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q. For-profit Org(Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

In Block 9, use the drop-down menu to choose organization type (e.g., non-profit; State; etc.)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.086

CFDA Title:

Conservation Research and Development

In Block 11, typically, the following CFDAs are used: CFDA 81.086, "Conservation Research and Development" or CFDA 81.087, "Renewable Energy Research and Development".

***12 Funding Opportunity Number:**

Not Applicable since Congressional Directed Project

*Title:

13. Competition Identification Number:

Not Applicable

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Golden, CO; Jefferson County

Denver, CO; Denver County

***15. Descriptive Title of Applicant's Project:**

Energy Efficiency Research Project

[Insert your project title here]

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CO-006 *b. Program/Project: CO-006; CO-001

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 06/01/2008 *b. End Date: 05/31/2009

18. Estimated Funding ($): $1,250,000

*a. Federal	$1,000,000
*b. Applicant	$250,000
*c. State	$0
*d. Local	$0
*e. Other	$0
*f. Program Income	$0
*g. TOTAL	$1,250,000

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No Explanation:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative: Robert ABC

Prefix: Mr. *First Name: Robert

Middle Name:

*Last Name: ABC

Suffix:

*Title: President, ABC Corporation

*Telephone Number: (303) 555-3333 Fax Number: (303) 555-2222

* Email: Robert.ABC@abccorp.com

*Signature of Authorized Representative: Robert ABC
(original should be signed by authorized representative)

*Date Signed: 05/15/2008

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Not applicable.

Applicant Name: ABC Corporation

Award Number: DE-FG36-08GO88999

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. Energy Research Project	81.086			$1,000,000	$250,000	$1,250,000
2.						$0
3.						$0
4.						$0
5. Totals		$0	$0	$1,000,000	$250,000	$1,250,000

Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) Federal Share	(2) ABC Corp Share	(3)	(4)	
a. Personnel	$340,000	$75,000			$415,000
b. Fringe Benefits	$108,800	$24,000			$132,800
c. Travel	$20,000	$4,000			$24,000
d. Equipment	$220,000	$48,000			$268,000
e. Supplies	$12,466	$4,972			$17,438
f. Contractual	$182,000	$75,000			$257,000
g. Construction	$0	$0			$0
h. Other	$8,000	$0			$8,000
i. Total Direct Charges (sum of 6a-6h)	$891,266	$230,972			$1,122,238
j. Indirect Charges	$108,734	$19,028			$127,762
k. **Totals** (sum of 6i-6j)	$1,000,000	$250,000			$1,250,000
7. Program Income	$0	$0	$0	$0	$0

Section C - Non-Federal Resources

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) **Totals**
8. Energy Research Project	$117,500	$0	$132,500	$250,000
9.				
10.				
11.				
12. **Total** (sum of lines 8 - 11)	$117,500	$0	$132,500	$250,000

Section D - Forecasted Cash Needs

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	$1,000,000	$250,000	$350,000	$150,000	$250,000
14. Non-Federal	$250,000	$62,500	$87,500	$37,500	$62,500
15. **Total** (sum of lines 13 and 14)	$1,250,000	$312,500	$437,500	$187,500	$312,500

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. Energy Research Project	$1,000,000	NA	NA	NA
17.				
18.				
19.				
20. **Total** (sum of lines 16-19)	$1,000,000	$0	$0	$0

Section F - Other Budget Information

21. Direct Charges $1,122,238	22. Indirect Charges $127,762

23. Remarks

Fringe Benefit Rate of 32.0% of Personnel costs was used in this example. Indirect Rate of 12.2% of Total Direct Costs minus the Subrecipient cost share was used in this example. See associated Indirect Rate Proposal. Non-Federal cost share contribution is 20% of the Total Project Cost. Generally, cost share is 20% of Total Project Cost for Research, 50% for Demonstration, or a blended rate for projects with research, development, and demonstration project components.

Instructions and Summary

Award Number: DE-FG36-08GO88999
Award Recipient: ABC Corporation

Date of Submission: 31-Jan-08
Form submitted by: Dr. Principal Investigator
(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!

This form is structured to obtain detailed support for the estimated project costs identified on the associated SF-424A (Budget). There is a direct correlation between the Object Class Categories on the SF-424A (Section B, 6.a. - 6.k.) and the sheets of this workbook (tabs at bottom of the spreadsheet). The totals on this page by category must match the dollar amounts for each workbook sheet by category, and the overall totals must match the totals on the associated SF424A.

The total budget presented and supported on the SF424A and on this form must include both Federal (DOE), and Non-Federal (cost share) A13portions, thereby reflecting total project costs proposed.

The award recipient (also called grantee) and each sub-recipient with estimated costs of $100,000 or more completes this form and an associated Budget, SF424A. All budget class categories on this form and on the associated SF424A apply only to the partner completing these forms (award recipient or sub-recipient). The only exception is category f., Contractual, which include all costs from sub-recipient(s), FFRDCs and vendors of the entity preparing the form. This includes all consultants.

Again, each sub-recipient listed in the Contractual section of this form with estimated costs of $100,000 or more must complete their own SF-424A and this Budget Justification Form. The award recipient must include ALL sub-recipients, FFRDCs and vendors under Contractual on their submission. The amounts shown for each sub-recipient in the award recient's contractual budget must match the total in the sub-recipients' separate and budget justification forms.

The support to justify the budgets of sub-recipients with estimated costs less than $100K may be in any format, and at a minimum should provide what SOPO task(s) are being performed, the purpose/need for the effort, and a basis of the estimated costs that is sufficient for DOE evaluation. The award recipient is responsible for supporting this infromation, in the absence of a sub-recipient budget and its justification.

SUMMARY OF BUDGET CATEGORY COSTS PROPOSED

(Note: The values in this summary table are automatically calculated from entries made in each 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	$415,000	$0	$0	$415,000	33.2%	
b. Fringe Benefits	$132,800	$0	$0	$132,800	10.6%	
c. Travel	$24,000	$0	$0	$24,000	1.9%	
d. Equipment	$268,000	$0	$0	$268,000	21.4%	
e. Supplies	$17,438	$0	$0	$17,438	1.4%	
f. Contractual Sub-recipient	$257,000	$0	$0	$257,000	20.6%	
Contractual FFRDC	$0	$0	$0	$0	0.0%	
Contractual Vendor	$0	$0	$0	$0	0.0%	
Total Contractual	$257,000	$0	$0	$257,000	20.6%	
g. Construction	$0	$0	$0	$0	0.0%	
h. Other Direct Costs	$8,000	$0	$0	$8,000	0.6%	
i. Indirect Charges	$127,762	$0	$0	$127,762	10.2%	
Total Project Costs	**$1,250,000**	**$0**	**$0**	**$1,250,000**	**100.0%**	

Additional Explanations/Comments (as necessary)

PMC123.1 - SF 424A Budget Justification Form

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. Calculations will need to be entered/adjusted by the preparer of this form to ensure totals are correct.

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		***575***		***$20,500***	***600***		***$24,000***	***800***		***$31,000***	***1975***	***$75,500***	***Actual Salary***
EXAMPLE	*Sr. Engineer*	*200*	*$50.00*	*$10,000*	200	*$50.00*	*$10,000*	200	*$50.00*	*$10,000*	600	*$30,000*	*Actual Salary*
ONLY!!!	*Electrical engineer*	*200*	*$35.00*	*$7,000*	400	*$35.00*	*$14,000*	600	*$35.00*	*$21,000*	1200	*$42,000*	*Actual Salary*
	Technician	*175*	*$20.00*	*$3,500*	0	*$0.00*	*$0*	0	*$0.00*	*$0*	175	*$3,500*	*Actual Salary*
1. Energy Research Project				*$415,000*			*$0*			*$0*	*0*	*$415,000*	
	Principal Investigator	2080	$55.00	*$114,400*	0	$0.00	*$0*	0	*$0.00*	*$0*	*2080*	*$114,400*	Actual Salary
	Senior Engineer	2080	$45.00	*$93,600*	0	$0.00	*$0*	0	*$0.00*	*$0*	*2080*	*$93,600*	Actual Salary
	Engineer	2055	$40.00	*$82,200*	0	$0.00	*$0*	0	*$0.00*	*$0*	*2055*	*$82,200*	Actual Salary
	Technician	2080	$30.00	*$62,400*	0	$0.00	*$0*	0	*$0.00*	*$0*	*2080*	*$62,400*	Actual Salary
	Technician	2080	$30.00	*$62,400*	0	$0.00	*$0*	0	*$0.00*	*$0*	*2080*	*$62,400*	Estimated Salary
				$0			*$0*			*$0*	*0*	*$0*	
2. (Task 2 Title) - Not applicable				*$0*			*$0*			*$0*	*0*	*$0*	
				$0			*$0*			*$0*	*0*	*$0*	
				$0			*$0*			*$0*	*0*	*$0*	
3. (Task 3 Title) - Not applicable				*$0*			*$0*			*$0*	*0*	*$0*	
etc.				*$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*	
				$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*	
				$0			*$0*			*$0*	*0*	*$0*	
				$0			*$0*			*$0*	*0*	*$0*	
				$0			*$0*			*$0*	*0*	*$0*	
				$0			*$0*			*$0*	*0*	*$0*	
Total		**10375**		**$415,000**	**0**		**$0**	**0**		**$0**	**0**	**$415,000**	

b. Fringe Benefits

	Budget Period 1	Budget Period 2	Budget Period 3	Total
Rate applied:	32.0%	0.0%	0.0%	
Total fringe requested:	$132,800	$0	$0	**$132,800**

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: https://www.eere-pmc.energy.gov/forms.asp.

Additional explanation/comments (as necessary)

Fringe benefits were calculated by multiplying the fringe rate of 32.0% by the direct personnel costs: .32 X $415,000 = $132,800

c. Travel

PLEASE READ!!!

Please indicate YES or NO if travel costs are governed by organizational travel policies: YES

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 Cost are items such as past trips, current quotations, Federal Travel Regulations, etc. Note that travel must be necessary for performance of the SOPO efforts.

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	2			2	$650	$1,300	Internet prices
Meet with DOE (includes meals, airfare, hotel, car) 2 people X 2 Trips	4			7	$1,200	$4,800	Historical trip costs
Meet with Subrecipients (2 people X 8 trips)	16			7	$1,200	$19,200	Historical trip costs
						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
Domestic Travel subtotal						$24,000	
International Travel							
None						$0	
						$0	
						$0	
						$0	
						$0	
International Travel subtotal						$0	
Budget Period 1 Total						**$24,000**	
Budget Period 2							
Domestic Travel							
None						$0	
						$0	
						$0	
						$0	

						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
Domestic Travel subtotal						$0	
International Travel							
None						$0	
						$0	
						$0	
						$0	
						$0	
International Travel subtotal						$0	
Budget Period 2 Total						**$0**	
Budget Period 3							
Domestic Travel							
None						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
						$0	
Domestic Travel subtotal						$0	
International Travel							
None						$0	
						$0	
						$0	
						$0	
						$0	
International Travel subtotal						$0	
Budget Period 3 Total						**$0**	
PROJECT TOTAL						**$24,000**	

Additional Explanations/Comments (as necessary)

Meetings with DOE: two (2) people will make 2 trips. Each trip is estimated to cost $1200 to cover cost of airfare, meals, hotel, and car.
Meetings with Subrecipients: two (2) people will make 2 trips per quarter (for a total of 16 trips). Each trip is estimated to cost $1200 to cover cost of airfare, meals, hotel, and car.

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, also include a copy of the associated vendor quote or catalog price list, as available.

Equipment Item	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 1					
EXAMPLE ONLY!!! Thermal shock chamber	2	$20,000	$40,000	Vendor Quote	Reliability testing of PV modules- Task 4.3
Laboratory System (be specific in actual application)	2	$110,000	$220,000	Manufacturer Quote (quote must be submitted for items over $50K)	Test equipment is needed to conduct specialized testing. (Be specific in actual application)
Equipment Run Time to Support Lab Tests (Two sets) (be specific in actual application)	2	$24,000	$48,000	ABC commercial quote; these costs are normally charged to clients; see commercial rates.	Equipment run time to support lab and validation tests. (Be specific in actual application).
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
Budget Period 1 Total			$268,000		
Budget Period 2					
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		

			$0		
			$0		
			$0		
			$0		
			$0		
Budget Period 2 Total			$0		
Budget Period 3					
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
Budget Period 3 Total			$0		
PROJECT TOTAL			**$268,000**		

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 Suplies as they apply to the Statement of Project Objectives. Note that Supplies items must be direct costs to the project at this budget category, and not duplicative of supplies costs included in the indirect pool that is the basis of the indirect rate applied for this project.

General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 1					
EXAMPLE ONLY!!! Wireless DAS components	10	$360.00	$3,600	Catalog price	For Alpha prototype - Task 2.4
Chemical feedstock (15 sets)	15	$1,000.00	$15,000	Catalog price	Chemicals required for lab tests under SOPO Tasks #
Lab supplies (4 sets)	4	$609.50	$2,438	Catalog price	Ancillary supplies (beakers; test chemicals, etc.) to support lab tests, under SOPO Task #.
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
Budget Period 1 Total			**$17,438**		
Budget Period 2					
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
Budget Period 2 Total			$0		

Budget Period 3					
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
Budget Period 3 Total			$0		
PROJECT TOTAL			**$17,438**		

Additional Explanations/Comments (as necessary)

f. Contractual

PLEASE READ!!!

The entity completing this form must provide all costs related to all their sub-recipients, FFRDC partners and vendors, in the applicable boxes below. Sub-recipients with total project costs of $100,000 or more, and all FFRDC sub-recipients, must also provide its own SF-424A budget and PMC123.1 budget justification. The subrecipient budget totals must match the award recipient contractual entries below.

The award recipient need only further support the completed budgets provided by subrecipients as they deem necessary. The support to justify the budgets of sub-recipients with estimated costs less than $100K, and of vendor contractual costs may be in any format, and at a minimum should provide what SOPO 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.

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

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.	Mfr. of Goofball lenses to develop optimal lens for Gen 2 product - Task 2.4	$54,000	$43,000	$16,000	$113,000
XYZ Corporation	Conduct research tests under SOPO Task #	$132,500	$0	$0	$132,500
MNOP Corporation	Conduct validation tests under SOPO Task #	$75,000	$0	$0	$75,000
QRS Consultants	Analysis of prior work and validation tests under SOPO Task #	$49,500	$0	$0	$49,500
					$0
					$0
					$0
					$0
	Sub-total	**$257,000**	**$0**	**$0**	**$257,000**

FFRDC Name/Organization	Purpose	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
					$0
					$0
					$0
					$0
		$0	$0	$0	$0

Vendors: List all vendors supplying commercial supplies or services used to support the project.

Vendor (Under $100K) Name/Organization	Product/Purpose (Attach additional support as necessary)	Budget Period 1 Costs	Budget Period 2 Costs	Budget Period 3 Costs	Project Total
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
		$0	$0	$0	$0

Total Contractual		$257,000	$0	$0	$257,000

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.

Overall description of construction actiivities:

Example Only!!!
Addition to existing PV module manufacturing facility.

General Description	Cost	Basis of Cost	Justification of need
Budget Period 1			
REVIEWERS: GIVE US AN EXAMPLE			
Budget Period 1 Total	**$0**		
Budget Period 2			
Budget Period 2 Total	$0		
Budget Period 3			
Budget Period 3 Total	$0		
PROJECT TOTAL	**$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, 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.

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
Special software	$8,000	Catalog quote	Special modeling software for tests.
Budget Period 1 Total	$8,000		
Budget Period 2			
Budget Period 2 Total	$0		
Budget Period 3			
Budget Period 3 Total	$0		

i. Indirect Costs

	Budget Period 1	Budget Period 2	Budget Period 3	Total
Rate applied:	12.2%	0.0%	0.0%	
Total indirect costs requested:	$127,762	$0	$0	**$127,762**

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 it has changed since it was. 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

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 infomration and which supports the rate(s) being proposed for use in estimating the project: https://www.eere-pmc.energy.gov/forms.asp.

Additional Explanations/Comments (as necessary)

NOTE: Indirect Rate should not be applied to Subrecipient Cost Share. Indirect Rate of 12.2% was applied to Total Direct Costs, minus Subrecipient cost share: .122 X ($1,122,238 - $75,000 of XYZ Cost Share) = $127,762.

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 (other than award recipient) cost share.

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 600.312 or 10 CFR 600.318.

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 be providing 40 PV modules for product development at 50% off the of the retail price of $680*	*$13,600*			*$13,600*
ABC Corporation	Cash	Labor Costs of $75,000 and Fringe Benefit costs of $24,000	$99,000			$99,000
ABC Corporation	Cash	Travel	$4,000			$4,000
ABC Corporation	Cash	Supplies	$4,972			$4,972

ABC Corporation	In-kind	For equipment run time. ABC Corporation charges other organizations for conducting tests. Since they will be contributing testing resources and facilities as in-kind contributions, the basis of this estimate is the commercial rate they charge for their services. An estimated 800 hours of testing, at a rate of $50 per hour was used. [Commercial rate must be provided by quote or catalog pricing.] (For actual application, describe the cost basis and calculation for determining the value of the in-kind cost share).	$48,000			$48,000
ABC Corporation	Cash	Indirect costs.	$19,028			$19,028
XYZ Corporation	Cash	Test participation; see subrecipient proposal for more details.	$75,000			$75,000
						$0
						$0
		Totals	**$250,000**	**$0**	**$0**	**$250,000**

Total Project Cost: $1,250,000
Cost Share Amount: $250,000
Percent of Award: 20.0%

Additional Explanations/Comments (as necessary)

D. Indirect Rate Proposal—Two Rate Method (Fringe Rate and Indirect Rate)--Example

The following is a sample INDIRECT RATE PROPOSAL using the two rate method- Sample rate calculations are included below the General Ledger with a Step by Step process. A written narrative of each step is provided on Page 6 following the example.

GENERAL LEDGER

ACCOUNT #	ACCOUNT NAME	ANNUAL TOTAL	DIRECT	Fringe	INDIRECT	UNALLOWABLE	INDIRECT-CLAIMED
8210	Holiday	$22,502		$22,502			
8211	Vacation	$31,252		$31,252			
8212	Sick Leave	$15,318		$15,318			
8213	Severence Pay	$32,419		$32,419			
8214	FICA-Employer portion	$27,427		$27,427			
8215	Federal Unemployement Insurance	$1,393		$1,393			
8216	State Unemployment Insurance	$6,722		$6,722			
8217	Workers' Compensation	$3,826		$3,826			
8218	Health Insurance	$40,009		$40,009			
8219	Life Insurance	$7,920		$7,920			
8220	Pension Plan	$60,638		$60,638			
TOTAL FRINGE POOL				$249,426			
6110	Salaries & Wages	$656,824	$656,824				
8110	Salaries & Wages	$123,067			$123,067		$123,067
	FRINGE ALLOCATED TO DIRECT & INDIRECT LABOR		$210,184	32%	$39,381		$39,381
8221	Recruitment	$285			$285		$285
8222	Relocation	$1,216			$1,216		$1,216
8223	Personal Absence	$1,082			$1,082		$1,082
6310	Travel	$35,173	$35,173				
8310	Travel	$12,987			$12,987	$2,500	$10,487
6320	Material	$843,192	$843,192				
6330	Other Direct Cost	$187,493	$187,493				
6340	Subcontracts-contractual	$944,841	$944,841				
6350	Supplies	$25,000	$25,000				
8350	Supplies	$15,014			$15,014		$15,014
6360	Equipment Rental	$15,000	$15,000				
8360	Equipment Rental	$12,150			$12,150		$12,150
8410	Legal Fees	$1,744			$1,744		$1,744
8420	Audit Fees	$32,361			$32,361		$32,361
8430	Miscellaneous	$3,969			$3,969		$3,969
8503	Entertainment	$484			$484	$484	$0
8505	Advertising & Promotion	$354			$354		$354
8520	Periodicals	$6,435			$6,435		$6,435
8522	Bad Debts	$3,018			$3,018	$3,018	$0
8523	Business Meals	$2,702			$2,702		$2,702
8524	Depreciation/Amortization	$2,824			$2,824		$2,824
8525	Dues/Memberships	$2,112			$2,112		$2,112
8526	Conventions/Seminars	$7,936			$7,936	$2,000	$5,936
8527	Interest Expense	$1,001			$1,001	$1,001	$0
8531	Insurance	$738			$738		$738
8535	Repairs/Maintenance	$1,681			$1,681		$1,681
8537	Telecopier	$2,434			$2,434		$2,434
8538	Telephone	$45,552			$45,552		$45,552
8539	Temp Help/contract labor	$1,816			$1,816		$1,816
8540	Small Equipment	$878			$878		$878
8542	Postage & Handling	$6,235			$6,235		$6,235
8553	Office Supplies	$6,461			$6,461		$6,461
8554	Other Outside Services	$30,281			$30,281		$30,281
TOTAL INDIRECT COST POOL							
TOTALS			$2,917,707 (BASE)		$366,198	$9,003	$357,195 (Pool)

FRINGE COST POOL	$249,426	INDIRECT COST POOL	$357,195
BASE (DIRECT & INDIRECT LABOR)	$779,891	BASE= (TOTAL DIRECT COSTS)	$2,917,707
FRINGE RATE	32.0%	INDIRECT RATE	12.2%

STEPS IN THE TWO RATE METHOD

1. Develop List of Accounts (GL)
2. Segregate Direct Costs, Fringe Costs and Indirect Costs
3. Segregate Unallowable Costs
4. Consider Adjustments to Historical Costs
5. Identify Fringe Pool
6. Identify Fringe Base
7. Compute the Fringe Rate
8. Distribute Fringe Expense (direct and indirect)
9. Sum the Indirect Cost Pool
10. Identify the Indirect Cost Base
11. Calculate the Indirect Rate

PMC 121.1
(12/07)

U.S. DEPARTMENT OF ENERGY
PROJECT MANAGEMENT CENTER

PRE-AWARD INFORMATION SHEET

ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED

Official Awardee Name*:	**ABC Corporation**	Award Number:	**DE-FG36-08GO88999**
Awardee Business Officer:	**Mr. Business Officer**	Awardee Project Director and Title:	**Dr. Jane Smith** **Principal Investigator**

*Note that Awardee Name here MUST match the name for the Awardee in the Central Contract Registry (CCR), and this Name MUST also agree with the name associated with the Employer Identification Number (EIN) and Data Universal Numbering System (DUNS) Number provided below.

A. TYPE OF BUSINESS

The Awardee is a:

☐ Individual ☐ Partnership ☐ For Profit Institution of Higher Education

☐ Small Business ☒ Large Business ☐ State or Local Government or Indian Tribe

If Non Profit – 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 in the dated version of the application/proposal to which you refer):

Not applicable for this sample.

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 of 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 that you produce 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. (Attachment of an Addendum to provide this information is acceptable, rather than listing in the Block below.)

Not applicable for this sample.

☒ 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. (Attachment of an Addendum to provide this information is acceptable, rather than listing in the Block below.)

C. PROJECT PERFORMANCE SITE

The primary site where the work will be performed is: ABC Corporation,
123 ABC Street
Golden, CO 80401-3393

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

ABC Corporation
Research Lab
999 Research Avenue
Denver, CO 80202-1416

Tasks to be performed at this site are listed in the Statement of Project Objectives. [Describe the specific tasks]

D. EMPLOYER IDENTIFICATION NUMBER (EIN NUMBER)

Awardee EIN * 99-9999999

* See Note in Section A, above.

E. DATA UNIVERSAL NUMBERING SYSTEM (DUNS NUMBER)

Awardee DUNS Number * 99-999-9999

* See Note in Section A, above.

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.

Information in this application will be used to enroll you in the ASAP System.

F. INVOICING AND PAYMENTS

1. Is the Awardee currently on ASAP (Automated Standard Application for Payment System)?
   ☐ Yes Awardee Seven-digit ASAP ID Number is _____

   ☒ No

2. Please provide the following contact information for ASAP and/or Payments (Note: When awardee is not currently on ASAP, the person identified below will be contacted by ASAP and DOE personnel for enrollment purposes, and will be expected to be the person who handles that enrollment process for the awardee):

   Primary Payments/ASAP Contact Person: Mr. Finance Manager

   Phone No.: (303) 555-1122 Extension: _____ E-mail: finance.manager@abccorp.com

REPRESENTATION/CERTIFICATION

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

Signature of authorizing company official

Robert ABC
President, ABC Corporation

Date

PMC 410.1

(07/06)

U.S. DEPARTMENT OF ENERGY
PROJECT MANAGEMENT CENTER

FINANCIAL INFORMATION

PROVIDE ALL INFORMATION REQUESTED ON THIS FORM

Applicant: **ABC Corporation**

Project Title: **Energy Research Project**

Announcement/Award No: **DE-FG36-08GO88999**

1. Have you had prior Federal awards? ☐ Yes ☒ No

2. Have you had an outside audit or an A-133 audit? ☐ Yes ☒ No
If yes, please provide a copy of the A-133 or outside audit (electronic preferred).

INFORMATION FOR DETERMINING COGNIZANT AGENCY/OFFICE

3. Applicant's fiscal year end date is December 31

4a. Identify Cognizant **Federal Agency** (agency providing the preponderance of Federal funding), and provide Agency name, a point of contact, phone number, and e-mail.

Agency: None; have not previously had Federal awards.
Point of Contact:
Phone:
E-mail:

4b. To assist our office in validating Cognizant **Federal Agency** (4a), please provide following information for the 5 highest dollar award value for current Federal contracts, grants or awards (do not include sub-awards). (State Agencies and Universities can skip 4b)

Contract/Award #	Awarding Agency	Awarding Office	Start Date	End Date	Total Value

5a. If applicant has current DOE awards, identify Cognizant **DOE Office** (office providing the preponderance of DOE funding), and provide DOE office name, a point of contact, phone number, and e-mail.

DOE Office: None; have not previously had DOE award.
Point of Contact (Contracting Officer):
Phone:
E-mail:

5b. To assist our office in validating Cognizant **DOE Office** (5a), please provide following information for the 5 highest dollar value awards for current DOE contracts, grants or awards (do not include sub-awards). (State agencies and Universities can skip 5b)

DOE Contract/Award #	DOE Awarding Office	Start Date	End Date	Total Value

FINANCIAL MANAGEMENT SYSTEM

To qualify for Financial Assistance, compliance with 10 CFR 600.121 - Higher Education, Hospitals, and Other Non-Profit Organizations, 10 CFR 600.220(b) - State and Local Governments or 10 CFR 600.311 - For-Profit Organizations is required. Please check applicable boxes below.

☐ The Financial Management System is in compliance with 10 CFR 600.121, 10 CFR 600.220(b), or 10 CFR 600.311.

☒ I do not know if my Financial Management System is in compliance with 10 CFR 600.121, 10 CFR 600.220(b), or 10 CFR 600.311. If this block is checked, complete the survey below.

Accounting System Survey

	Yes	No	NA
1. Is your Accounting System in accordance with Generally Accepted Accounting Principles applicable to the circumstances?	☒	☐	☐
2. Accounting System provides for:			
a. Segregation of direct costs from indirect costs.	☒	☐	☐
b. Identification and accumulation of direct costs by project.	☒	☐	☐
c. A logical and consistent method for the allocation of indirect costs to intermediate and final cost objectives. (Project is final cost objective)	☒	☐	☐
d. Accumulation of costs under general ledger control.	☒	☐	☐
e. A timekeeping system that identifies employees' labor by intermediate and final cost objectives.	☒	☐	☐
f. A labor distribution system that charges direct and indirect labor to appropriate cost objectives.	☐	☒	☐
g. Interim (at least monthly) determination of costs charged to a project through routine posting of books of account.	☒	☐	☐
h. Excluding costs charged to Government projects which are not allowable in terms of FAR 31, Contract Cost Principles and Procedures, or other provisions.	☒	☐	☐
i. Identification of costs by project line item and by units (as if each unit or line item were a separate project) if required by the proposed award.	☒	☐	☐
3. Is the Accounting System designed, and are the records maintained in such a manner that adequate, reliable data are developed for use in developing cost proposals?	☒	☐	☐
4. Is the Accounting System currently in full operation?	☒	☐	☐

NOTE: For 2.f., financial management system changes may be required to correct this issue. Discuss any accounting system issues with the Grants Specialist or Cost/Price Analyst.

STATEMENT OF PROJECT OBJECTIVES

[Recipient Name]
[Project Title]

All of the information to be included in the SOPO should be consistent with the Application upon which the award is based. The SOPO should be written for public disclosure, and, generally, the total length should not exceed 4-5 pages.

The following items should not be included in the SOPO:

- *Dollar amounts.*
- *Specific dates.*
- *Subcontractors by name. The award is with the prime and, as such, the SOPO should not reference the subcontractors.*
- *Intellectual property information or data.*

A. PROJECT OBJECTIVES

[Enter a clear and concise statement of the goals and objectives of the project as well as the expected outcomes.]

B. PROJECT SCOPE

[Include a general overview description of the project. Refer to the DOE Program or Division (for example: Hydrogen, Fuel Cells, and Infrastructure Technologies Program; Buildings and Industrial Technologies Division; etc.) objectives that the project is addressing. This section should be only 1-2 paragraphs long.]

C. TASKS TO BE PERFORMED

[For each Task and Subtask, enter 1-2 paragraphs describing the purpose, approach, and expected outcomes. Include project milestones (do not include dates), where appropriate. If applicable, the Tasks should be organized by project phases/budget periods which correspond to major project milestones or go/no-go decision points.]

Below is an example of the type of Task structure desired:

PHASE 1 (or BUDGET PERIOD 1) [TITLE OPTIONAL]

Task 1.0 [Insert Title]
[Insert Description]

Task 2.0 [Insert Title]
[Insert Description]

Subtask 2.1 [Insert Title]
[Insert Description]

Subtask 2.2 [Insert Title]
[Insert Description]

PHASE 2 (or BUDGET PERIOD 2) [TITLE OPTIONAL]

Task 3.0 [Insert Title]
[Insert Description]

Task X.0 Project Management and Reporting *(Optional paragraph, per discussion with the DOE Project Officer)*
[Include this as the last Task and number it consecutively with the other Tasks. As part or all of the Task Description, include language along the lines of: "Reports and other deliverables will be provided in accordance with the Federal Assistance Reporting Checklist following the instructions included therein." Additional deliverables (for example, hardware delivered for testing or Peer Review Meetings / Project Review Meetings) not specified in the Reporting Checklist should be included in this Task Description.]

Resumes of Key Personnel

Provide a resume for each key person proposed, including subawardees and consultants if they meet the definition of key person. A key person is any individual who contributes in a substantive, measurable way to the execution of the project.

Each resume must not exceed 2 pages when printed on 8.5" by 11" paper with 1 inch margins (top, bottom, left, and right) with font not smaller than 11 point and should include the following information, if applicable:

Contact Information: Name, title, organization, address, telephone number, and e-mail address for the Principal Investigator and other key personnel.

Education and Training. Undergraduate, graduate and postdoctoral training, provide institution, major/area, degree and year.

Professional Experience: Beginning with the current position list, in chronological order, professional/academic positions with a brief description.

Publications. Provide a list of up to10 publications most closely related to the proposed project. For each publication, identify the names of all authors (in the same sequence in which they appear in the publication), the article title, book or journal title, volume number, page numbers, year of publication, and website address if available electronically.

Patents, copyrights and software systems developed may be provided in addition to or substituted for publications.

Synergistic Activities. List no more than 5 professional and scholarly activities related to the effort proposed.

Designated Employee Responsible for Compliance with National Policies Prohibiting Discrimination (10 CFR 1040.5)

Each recipient of financial assistance shall designate at least one employee to coordinate the organization's efforts to carry out its responsibilities as required by 10 CFR 1040.5. The following information must be submitted to DOE for the person who is designated as the recipient's contact for compliance with national policies prohibiting discrimination:

Name:
Title:
Organization Name:
Office Address:
Telephone Number:

National Environmental Policy Act (NEPA) Compliance Information

All projects receiving financial assistance from DOE must be reviewed under NEPA, for potential environmental impacts of the project. In order for the review to be initiated, recipients must complete an Environmental Checklist, EF1.

The EF1 may be completed on-line at:
https://www.eere-pmc.energy.gov/nepa.asp.

Funding for an award is contingent upon the final NEPA determination. You are restricted from taking any action using federal funds, which would have an adverse affect on the environment or limit the choice of reasonable alternatives prior to DOE providing either a NEPA clearance or a final NEPA decision regarding the project.

If you move forward with activities that are not authorized for federal funding by the DOE Contracting Officer in advance of the final NEPA decision, you are doing so at risk of not receiving federal funding and such costs may not be recognized as allowable cost share.