PMC 128.1
08-2010

# U.S. Department of Energy
# Project Management Center

## FINANCIAL ASSISTANCE AWARD
### INDEX and CHECKLIST
*(BUYER USE ONLY)*

| | | | |
|---|---|---|---|
| Award #: | DE-EE0002867 / 005 | Program: | The Office of the Biomass Program |
| Recipient Name: | Algenol Biofuels, Inc. | | |
| FOA #: | DE-FOA-0000096 | | |
| Specialist: | Molly Hames | Phone: | 303-275-4864 |
| Contracting Officer: | Jon Olsen | Phone: | 303-275-4825 |
| Project Officer: | Christy Sterner | Phone: | 303-275-4720 |

| Action Item | *Indicate Completion of Action Item by inserting a date in the applicable box below* | |
|---|---|---|
| 1 | Verify Recipient's Registration and Delinquent Federal Debt Status with the Central Contractor Registration (CCR) (http://www.ccr.gov) | CCR Registration Valid through: 06/04/2011; file copy under tab AWD-001 |
| 2 | Verify Recipient's registration with FedConnect (goto P:\STRIPES\Fedconnect Reports) | Registration Confirmed on: 04/28/2011 |
| 3 | Vendor Supplier/Site Information Form; send completed PMC 128.8a to 'GO ASAP Enrollment' mailbox | Sent on: N/A; file copy under tab AWD-001 |

| STRIPES Index # | Supporting Document | | Form # | applicable | not applicable | Supporting Document Naming Convention | pdf. required |
|---|---|---|---|---|---|---|---|
| AWD-001 | Award Index and Checklist | | PMC 128.1 | X | | AWD-001 AWDChecklist | |
| | AWD-001a | Vendor Supplier/Site Information Form | PMC 128.8a | | X | | |
| | AWD-001b | CCR Registration | n/a | X | | | |
| AWD-002 | Selection Statement | | n/a | | X | AWD-002 SelStat | .pdf |
| AWD-003 | Determination of Non-Competitive Financial Assistance (DNFA) Documentation (include Request for Review PMC.112.2) | | PMC 109.x | | X | AWD-003 DNFADocs | batch .pdf |
| AWD-004 | HCA Approval (Total Project Value greater than $25M and less than $50M) (include Request for Review PMC.112.2) | | n/a | | X | AWD-004 HCAApvl | .pdf |
| AWD-005 | HQ Business Clearance Documentation (Total Project Value greater than or equal to $50M) | | | | | | |
| | AWD-005a | HQ Business Clearance Worksheet | PMC 107.1 | | X | AWD-005 HQBusClrDocs | batch .pdf |
| | AWD-005b | HQ Business Clearance Transmittal Letter(s) | PMC 107.2 | | X | | |
| | AWD-005c | HQ Business Clearance; Correspondence received from HQ | n/a | | X | | |
| AWD-006 | Congressional Affairs Notification | | DOE F 4220.10 | | X | AWD-006CongNotification | |
| AWD-007 | Successful Application Documentation (Prime) | | | | | | |
| | AWD-007a | Application for Federal Assistance (Final SF-424 & Project Narrative) | SF-424 | | X | AWD-007a AppDocs (PRIME) | batch .pdf |
| | | SF-424 (A or R&R) Budget Information | SF-424 (A or R&R) | X | | | |
| | | Budget Justification | PMC 123.1 | X | | | |
| | | Disclosure of Lobbying Activities | SF-LLL | | X | | |
| | | Cost Share Commitment Ltrs from Third Parties | n/a | | X | | |
| | | Vendor Quote and Project Plan | n/a | X | | | |
| | | Request to move SOPO Tasks into BP1 and extend the BP1 end date | n/a | X | | | |
| AWD-008 | National Environmental Policy Act (NEPA) Documentation | | | | | | |
| | AWD-008a | NEPA Checklist | EF-1 | | X | AWD-008 NEPADocs | batch .pdf |
| | AWD-008b | NEPA Review | EF-2 | | X | | |
| | AWD-008c | NEPA Determination | EF-2a | | X | | |
| | AWD-008d | FONSI | FONSI | X | | | |
| AWD-009 | Pre-Award Information Sheet | | PMC 121.1 | | X | AWD-009 PreAwardInfo | .pdf |
| AWD-010 | Dun&Bradstreet Risk Assessment | | PMC 460.2 | | X | AWD-010 D&BAssessment | .pdf |

| STRIPES Index # | Supporting Document | | Form # | applicable | not applicable | Supporting Document Naming Convention | pdf, required |
|---|---|---|---|---|---|---|---|
| AWD-011 | Combined Technical Evaluation / Negotiation Memorandum | | PMC 120.2 | X | | AWD-011 TechEvalNegMem | .pdf |
| AWD-012 | Intellectual Property Law Division (IPLD) Documentation | | | | | | |
| | AWD-012a | IPLD Petition for Advance Waiver of Patent Rights | PMC 133.2 | | X | AWD-012 IPLDDocs | batch .pdf |
| | AWD-012b | IPLD Pre-Award Review Request | PMC 133.3 | | X | | |
| | AWD-012c | IPLD Recommendation | e-mail | | X | | |
| AWD-013 | Cost Share Determination Documentation | | | | | | |
| | AWD-013a | Cost Share Determination | PMC 112.2 | | X | AWD-013a CostShareDet | .pdf |
| | AWD-013b | Cost Share Waiver | PMC 142.2 | | X | AWD-013b CostShareWaiver | .pdf |
| AWD-014 | Cost / Price Documentation | | | | | | |
| | AWD-014a | Financial Information | PMC 410.1 | | X | AWD-014 CostPriceDocs | batch .pdf |
| | AWD-014b | Indirect Rate Agreement or Rate Proposal | n/a | | X | | |
| | AWD-014c | Response from C/P Analyst regarding Indirect Rates | PMC 420.3 | | X | | |
| | AWD-014d | Audit and Correspondence | n/a | X | | | |
| AWD-015 | Excluded Parties List System (EPLS) Query (https://www.epls.gov ) | | n/a | X | | AWD-015 EPLS | |
| AWD-016 | Pre-Award Cost Request and Authorization | | n/a | | X | AWD-016 PreAwdCostAuth | .pdf |
| AWD-017 | Justification for Use of Conditional Availability of Funds Provision | | PMC 132.2 | | X | AWD-017 JustificationCondAvail | |
| AWD-018 | Correspondence to Recipients (use this section for correspondence not issued at FOA level) | | | | | | |
| | AWD-018a | Request to move SOPO Tasks into BP1 and extend the BP1 end date | n/a | X | | AWD-018a Correspondence | .pdf |
| AWD-019 | Internal Review(s) | | | | | | |
| | AWD-019a | Request for Review (Review of Award Package) | PMC 112.2 | X | | AWD-019a RvwAwdPkg | .pdf |
| AWD-020 | Deviations | | | | | | |
| Cover Page | Assistance Agreement Form | | n/a | X | | | |
| Body | Special Terms and Conditions | | n/a | | X | | |
| Attachment 1 | Intellectual Property Provisions | | n/a | | X | | |
| Attachment 2 | Statement of Project Objectives | | n/a | X | | | |
| Attachment 3 | Federal Assistance Reporting Checklist and Instructions | | DOE F 4600.2 | | X | | |
| Attachment 4 | Budget Information | | n/a | X | | | |
| Attachment 5 | Congintency Appendix | | n/a | | X | | |

## CCR Search Results

Not to be used as certifications and representations. See ORCA for official certification.

**Registration Status:** Active in CCR; Registration valid until 06/04/2011.
**DUNS:** 800399904
**DUNS PLUS4:**
**CAGE/NCAGE:** 5JLG6
**Legal Business Name:** ALGENOL BIOFUELS INC.
**Doing Business As (DBA):**
**Division Name:**
**Division Number:**
**Company URL:** http://www.algenolbiofuels.com/

**Physical Street Address 1:** 28100 BONITA GRANDE DR STE 200
**Physical Street Address 2:**
**Physical City:** BONITA SPRINGS
**Physical State:** FL
**Physical Foreign Province:**
**Physical Zip/Postal Code:** 34135-6220
**Physical Country:** USA

**Mailing Name:** ALGENOL BIOFUELS INC.
**Mailing Street Address 1:** 28100 BONITA GRANDE DR STE 200
**Mailing Street Address 2:**
**Mailing City:** BONITA SPRINGS
**Mailing State:** FL
**Mailing Foreign Province:**
**Mailing Zip/Postal Code:** 34135-6220
**Mailing Country:** USA

**Business Start Date:** 05/15/2006
**Delinquent Federal Debt:** No

### CORPORATE INFORMATION

#### Type of Organization

Corporate Entity, Not Federal Tax Exempt
(State of Incorporation is DE)

#### Business Types/Grants

95 - Research and Development
V2 - Grants
2X - For-Profit Organization

### DISASTER RESPONSE INFORMATION

#### Bonding Levels

**Construction Bonding Level, Per Contract (dollars):**

**Construction Bonding Level, Aggregate (dollars):**

**Service Bonding Level, Per Contract (dollars):**

**Service Bonding Level, Aggregate (dollars):**

### Geographic Areas Served

No geographic areas specified

## GOODS / SERVICES

### North American Industry Classification System (NAICS)

541711 - Research and Development in Biotechnology

### Product Service Codes (PSC)

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### Federal Supply Classification (FSC)

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## SMALL BUSINESS TYPES

SDB, 8A and HubZone certifications come from the Small Business Administration and are not editable by CCR vendors.

### Business Types Expiration Date

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### North American Industry Classification System (NAICS)

The small business size status is derived from the receipts, number of employees, assets, barrels of oil, and/or megawatt hours entered by the vendor during the registration process.

| NAICS Code | Description | Small Business | Emerging Small Business |
|---|---|---|---|
| 541711 | Research and Development in Biotechnology | Yes | No |

## CCR POINTS OF CONTACT

### Government Business Primary POC

**Name:** PATRICK AHLM

**Address Line 1:** 28100 BONITA GRANDE DRIVE, SUITE 200

**Address Line 2:** 28100 BONITA GRANDE DRIVE, SUITE 200

**City:** BONITA SPRINGS

**State:** FL

**Foreign Province:**

**Zip/Postal Code:** 34135-6220

**Country:** USA

**U.S. Phone:** 239-498-2000

**Non-U.S. Phone:** 239-444-6313

**Fax:** 239-948-4996

### Government Business Alternate POC

**Name:** PATRICK AHLM

**Address Line 1:** 28100 BONITA GRANDE DRIVE, SUITE 200

**Address Line 2:** 28100 BONITA GRANDE DRIVE, SUITE 200

**City:** BONITA SPRINGS

**State:** FL

**Foreign Province:**

**Zip/Postal Code:** 34135-6220

**Country:** USA

**U.S. Phone:** 239-498-2000

**Non-U.S. Phone:** 239-444-6313

**Fax:** 239-948-4996

### Past Performance Primary POC

**Name:** PATRICK AHLM
**Address Line 1:** 28100 BONITA GRANDE DRIVE, SUITE 200
**Address Line 2:**
**City:** BONITA SPRINGS
**State:** FL
**Foreign Province:**
**Zip/Postal Code:** 34135-6220
**Country:** USA
**U.S. Phone:** 239-498-2000
**Non-U.S. Phone:**
**Fax:** 239-948-4996

### Past Performance Alternate POC

**Name:** KATHLEEN MCFADDEN
**Address Line 1:** 28100 BONITA GRANDE DRIVE, SUITE 200
**Address Line 2:**
**City:** BONITA SPRINGS
**State:** FL
**Foreign Province:**
**Zip/Postal Code:** 34135-6220
**Country:** USA
**U.S. Phone:** 239-498-2000
**Non-U.S. Phone:**
**Fax:** 239-948-4996

### Electronic Business Primary POC

**Name:** PATRICK AHLM
**Address Line 1:** 28100 BONITA GRANDE DRIVE, SUITE 200
**Address Line 2:** 28100 BONITA GRANDE DRIVE, SUITE 200
**City:** BONITA SPRINGS
**State:** FL
**Foreign Province:**
**Zip/Postal Code:** 34135
**Country:** USA
**U.S. Phone:** 239-498-2000
**Non-U.S. Phone:** 239-444-6313
**Fax:** 239-444-6313

### Electronic Business Alternate POC

**Name:** TONYA DUBOIS
**Address Line 1:** 28100 BONITA GRANDE DRIVE, SUITE 200
**Address Line 2:** 28100 BONITA GRANDE DRIVE, SUITE 200
**City:** BONITA SPRINGS
**State:** FL
**Foreign Province:**
**Zip/Postal Code:** 34135-6220
**Country:** USA
**U.S. Phone:** 239-498-2000
**Non-U.S. Phone:**
**Fax:**

Applicant Name: Algenol Biofuels Inc. Award Number: DE-EE0002867 Phase I

# 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. DE-FOA-0000096 | 81.087 | | | $15,587,035 | Exemption 4 | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. Totals | | | | $15,587,035 | | |

**Section B - Budget Categories**

| 6. Object Class Categories | Grant Program, Function or Activity | | | | Total (5) |
|---|---|---|---|---|---|
| | (1) DE-FOA-0000096 | (2) | (3) | (4) | |
| a. Personnel | Exemption 4 | | | | |
| 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 | $0 | | | | $0 |

PMC123.1 - Budget Justification for SF 424A Budget

## Instructions and Summary

**Award Number:** DE-EE0002867
**Award Recipient:** Algenol Biofuels Inc.

**Date of Submission:** Mar-11
**Form submitted by:** Algenol Biofuels Inc.
(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 | Exemption 4 | | | | | |
| 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 | | | | | | |

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

| Task # | Title | Position Title | Budget Period 1 | | | Budget Period 2 | | | Budget Period 3 | | | Project Total Hours |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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 | |

Exemption 4

Exemption 4

Exemption 4

Exemption 4

Exemption 4

Exemption 4

## b. Fringe Benefits

| | Budget Period 1 | Budget Period 2 | Budget Period 3 | Total |
|---|---|---|---|---|
| Rate applied: | 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.**

_____ **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.)*

XXX **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)**

e Fringe Benefits rate is based on current actual and adjusted in the future periods for projected hiring salary levels.Currently a larger portion of our employess are senior level and we expend they will represent a smaller portion of our staff. Since the majority of our fringe benefits is for healthcare insurance, the effect of this demographic change is that fringe benefits will be a higher percent of compensation. Please see the Indirect tab at the end of this file for the Fringe calculation. Fringe Benefits includes medical, dental, childcare reimbursement and payroll taxes.

## 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** | | | | | | | |
| Exemption 4 | Exemption 4 | | | | | | |
| Domestic Travel subtotal | | | | | | | |
| **International Travel** | | | | | | | |
| International Travel subtotal | | | | | | | |
| **Budget Period 1 Total** | | | | | | | |
| **Budget Period 2** | | | | | | | |
| **Domestic Travel** | | | | | | | |
| Domestic Travel subtotal | 0 | | | | | $0 | |
| **International Travel** | | | | | | | |
| International Travel subtotal | | | | | | $0 | |
| **Budget Period 2 Total** | | | | | | **$0** | |
| **Budget Period 3** | | | | | | | |
| **Domestic Travel** | | | | | | | |
| Domestic Travel subtotal | 0 | | | | | $0 | |
| **International Travel** | | | | | | | |
| International Travel subtotal | Exemption 4 | | | | | | |
| **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** | | | | | |
| Exemption 4 | Exemption 4 | | | | |
| **Budget Period 1 Total** | | | | | |
| **Budget Period 2** | | | | | |
| Exemption 4 | Exemption 4 | | | | |
| **Budget Period 2 Total** | | | | | |
| **Budget Period 3** | | | | | |
| **Budget Period 3 Total** | Exemption 4 | | | | |
| **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** | | | | | |
| **Budget Period 1 Total** | | | $0 | | |
| **Budget Period 2** | | | | | |
| | | | | | |
| **Budget Period 2 Total** | | | $0 | | |
| **Budget Period 3** | | | | | |
| | | | | | |
| | Exemption 4 | | | | |
| Analytical supplies | | | | | |
| Chemicals, solvents, polymers | | | | | |
| Disposable lab supplies (e.g. gloves) | | | | | |
| Safety supplies | | | | | |
| Minor engineering equipment | | | | | |
| **Budget Period 3 Total** | | | | | |
| **PROJECT TOTAL** | | | | | |

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

For Phase I and II, lab supplies are part of the overhead allocation. In Phase III, the costs are only for those at the pilot scale biorefinery. Estimates are based on our experience.

# f. Contractual

| Sub-Recipient Name/Organization | Purpose/Tasks in SOPO | Budget Period 1 Costs | Budget Period 2 Costs | Budget Period 3 Costs | Project Total |
|---|---|---|---|---|---|
| Georgia Tech | Exemption 4 | | | | |
| MTR - Membrane Technology and Research, Inc. | | | | | |
| The Dow Chemical Company | | | | | |
| | | | | | |

| 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 |
|---|---|---|---|---|---|
| Exemption 4 | | | | | |

| Sub-Recipient Name/Organization | Purpose/Tasks in SOPO | Budget Period 1 Costs | Budget Period 2 Costs | Budget Period 3 Costs | Project Total |
|---|---|---|---|---|---|
| Exemption 4 | | | | | |

| FFRDC Name/Organization | Purpose | Budget Period 1 Costs | Budget Period 2 Costs | Budget Period 3 Costs | Project Total |
|---|---|---|---|---|---|
| NREL- National Renewable Energy Laboratory | Exemption 4 | | | | |
| | | | | | |

| Total Contractual | |
|---|---|

f. Contractual

# 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** | | | |
| **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)**

Construction will be sub-contracted, one of our sub-recipient partners, The Dow Chemical Company, will provide ground clearing/ land prep work while the actual construction contractor is TBD. These amounts have been included on the Contractual tab. At the end of the this file there is a tab, Construct Recon, which summarizes the the capitalized costs.

## 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** | |
| Exemption 4 | Exemption 4 | | |
| **Budget Period 1 Total** | | | |
| | | **Budget Period 2** | |
| Exemption 4 | Exemption 4 | | |
| **Budget Period 2 Total** | | | |
| | | **Budget Period 3** | |
| Exemption 4 | 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: | 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.**
*(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)**

# 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 |
|---|---|---|---|---|---|---|
| Algenol Biofuels Inc | Exemption 4 | | | | | |
| The Dow Chemical Company | | | | | | |
| Membrabe Technology and Research, Inc. | | | | | | |
| | | Totals | Exemption 4 | | | |

**Total Project Cost:** $Exemption 4

**Cost Share Percent of Award:** Exemption 4 %

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

ALGENOL BIOFUELS, INC.
28100 Bonita Grande Drive, Suite 200
Bonita Springs, FL 34135

**Purchase Order**

Exemption 4

Vendor
Exemption 4

Date March 18, 2010

Delivery Address:
Algenol Biofuels, Inc.
1700 Union Ave, Suite A
Baltimore, MD 21211
Phone: 410-400-8665
Ed Malkiel
Email:Ed.Malkiel@alganolbiofuels.com

Billing Address:
Algenol Biofuels, Inc.
Attn.: Tammy Hammacher
1700 Union Avenue, Suite A
Baltimore, Maryland 21211
Phone (410) 400-8677
Email: tammy.hammacher@algenolbiolfuels.com

| Lina | Qty | Item# | Item | Price |
|---|---|---|---|---|

Exemption 4

Development Cost

To

Febuary 9/2010

Project:
Ethanol

Submitted

| A | B | C | D | | E | F | G | H | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Item Number | Description of Work | WORK COMPLE | Design schedule | | | | Total Completed and Stored | % | Balance to finish | Retainage 0% |
| | | | Scheduled Value | Previous Invoice | This application | | | | | |
| | | | | | Equip & Mat | Labor | | | | |
| | | | | | | | | 0.00% | | |
| 2000 | Material | | 8000 | | | | | 0.00% | | |
| 2110 | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| 3400 | | | | | | | | | | |
| 5120 | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| 7300 | | | | | | | | | | 0.00 |
| 7600 | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| 15570 | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| 15575 | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 17700 | Assembly | | | | | | | | | 0.00 |
| | | | | | | | 0.00 | | 0.00 | 0.00 |
| | Grand Total | | | | | | | | | |

REDACTED
EXEMPTION 4

| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 1 | | **Algenol DOE Project** | 1,380.00 | 12/4/09 | 3/19/15 |
| 2 | A | **Phase I: Development, Planning, & Preparation of Integrated Biorefinery** | 431.00 | 12/4/09 | 7/29/11 |
| 3 | Exemption 4 | | | | |
| 4 | | | | | |
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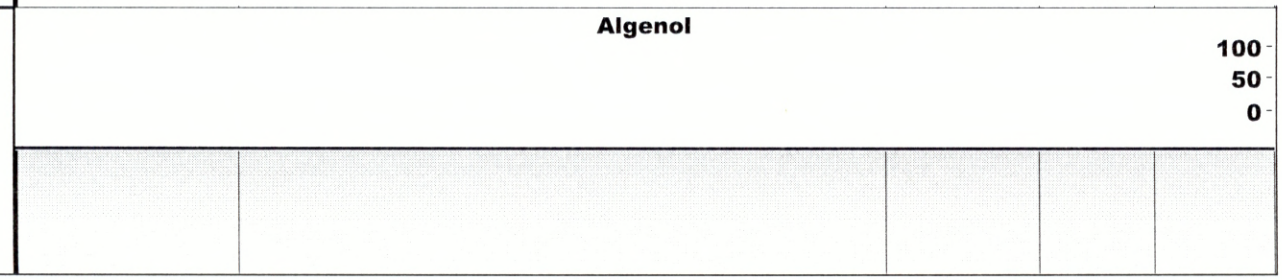

| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 16 | Exemption 4 | | | | |
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| | | Algenol | | | 100<br>50<br>0 |

| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 32 | Exemption 4 | | | | |
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| | | Algenol | | | 100<br>50<br>0 |

| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 45 | Exemption 4 | | | | |
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| 62 | | | | | |

Algenol

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50
0

| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 63 | Exemption 4 | | | | |
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| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 82 | Exemption 4 | | | | |
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| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 101 | Exemption 4 | | | | |
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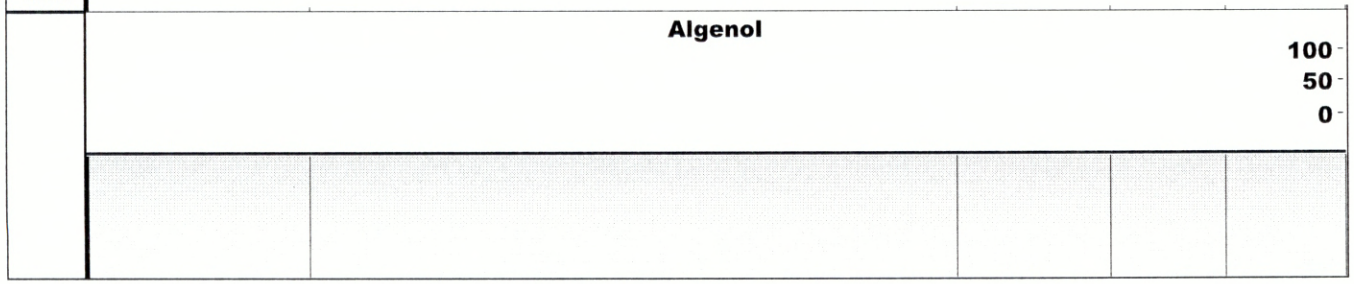
| 120 | | | | | |
| | | Algenol | | | 100<br>50<br>0 |

| | DOE WBS | Activity Name | Duration (Days) | Start Date | Finish Date |
|---|---|---|---|---|---|
| 121 | Exemption 4 | | | | |
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