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

Additional Explanations/Comments (as necessary)

i. Indirect Costs

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

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

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

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

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

Cost Share

PLEASE READ!!!

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

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

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

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

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

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

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

Total Project Cost:

Cost Share Percent of Award:

Additional Explanations/Comments (as necessary)

PMC 121.1
(07/2008)

U.S. DEPARTMENT OF ENERGY
PROJECT MANAGEMENT CENTER

PRE-AWARD INFORMATION SHEET

ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED

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

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

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

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

A. TYPE OF BUSINESS - the Awardee is a:

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

If NonProfit, select one below:

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

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

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

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

☐ Other (specify type):

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

B. INTELLECTUAL PROPERTY

1. WAIVER OF DOE PATENT RIGHTS

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

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

2. RIGHTS IN APPLICATION DATA

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

Accordingly, please indicate:

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

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

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

3. IDENTIFICATION OF LIMITED RIGHTS DATA AND RESTRICTED COMPUTER SOFTWARE

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

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

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

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

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

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

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

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

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

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

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

C. PROJECT PERFORMANCE SITE and CONGRESSIONAL DISTRICT

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

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

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

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

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

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

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

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

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

D. INVOICING AND PAYMENTS

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

☐ Yes

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

☒ No

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

☐ Yes

Enter Awardee Seven-digit ASAP ID Number: _____

☒ No

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

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

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

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

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

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

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

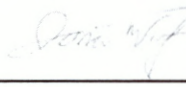
Lisa Roslund	**650-963-5211**
Name	Telephone Number
Director, Human Resources	**lroslund@solazyme.com**
Title	Email Address

REPRESENTATION/CERTIFICATION

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

Name: Jonathan Wolfson

Title: Chief Executive Officer

Signature of Authorized Company Official: 

Date: December 22, 2009

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:

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Solazyme, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
33-1077078	145862012

d. Address:

*Street 1: 561 Eccles Avenue
Street 2:
*City: South San Francisco
County:
*State: California
Province:
*Country: USA
*Zip / Postal Code 94080

e. Organizational Unit:

Department Name:	Division Name:
N/A	N/A

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

Prefix: *First Name: David
Middle Name:
*Last Name: Brinkmann
Suffix:

Title: Vice President of Manufacturing

Organizational Affiliation:
Solazyme, Inc.

*Telephone Number: 650-780-4777 Fax Number: 650-871-4810

*Email: doe_szibr@solazyme.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:**

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

***12 Funding Opportunity Number:**

DE-FOA-0000096

*Title:

Recovery Act - Demonstration of Integrated Biorefinery Operations

13. Competition Identification Number:

Title:

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

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

Solazyme Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-012

*b. Program/Project: PA-010, CA-048, NE-003, IA-005, TX-022

17. Proposed Project:

*a. Start Date: 01/01/2010

*b. End Date: 03/31/2013

18. Estimated Funding ($):

*a. Federal 21,765,738

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

REDACTED
EXEMPTION 4

***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

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:

Prefix:

*First Name: Jonathan

Middle Name:

*Last Name: Wolfson

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 650-780-4777

Fax Number: 650-871-4810

* Email: jwolfson@solazyme.com

*Signature of Authorized Representative:

*Date Signed: 1/5/2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

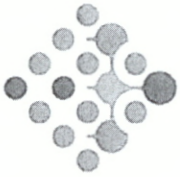
Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

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

Solazyme, Inc. 561 Eccles Avenue S San Francisco CA 94080

650 780 4777
650 989 6700 fax



CONFIDENTIAL

January 6, 2010

Re: **DE-FOA-0000096 - Change in Applicant Cost Share Proposal**

Applicant Name **Solazyme, Inc.**

Project Title: **Solazyme Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae**

Dear Ms. Sterner:

We would like to thank you for selecting Solazyme for negotiation of an award for DE-FOA-0000096. Pursuant to your email of December 18, 2009 and our telephone conference of December 29, 2009, we are writing to confirm that we will fully satisfy the 20% cost share requirement.

REDACTED
EXEMPTION 4

REDACTED
EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

BlueFire ETHANOL

The Future of Ethanol

Solazyme, Inc.
561 Eccles Avenue
S. San Francisco, CA 94080

January 14, 2010

Attention: Dr. Tony Day, V.P. R&D

Subject: Letter of Support for Application under DOE-FOA-0000096

Dear Sirs,

I am writing to express BlueFire Ethanol's high level of interest in collaborating with Solazyme Inc. to demonstrate the production of cellulosic algal bio-fuels intended to meet or exceed current specifications and performance requirements for the DOE's transportation fuels through the Demonstration of Integrated Biorefinery Operations program (DOE-FOA-0000096).

BlueFire Ethanol is one of the few viable, world-wide cellulose-to-fermentable sugar companies with demonstrated production experience in creating biofuels from wood wastes, urban trash (post-sorted MSW), rice and wheat straws and other agricultural residues, all of which are in large supply in the United States. BlueFire was established to deploy the p EX4 "Technology") for the conversion of cellulosic waste materials to fermentable sugars and biofuels. BlueFire's goal is to develop and operate high-value carbohydrate-based renewable transportation fuel production facilities to provide a viable alternative to fossil fuels on a world-wide basis. These "biorefineries" will convert widely available, inexpensive, organic materials such as agricultural residues, high-content biomass crops, wood residues, and cellulose in municipal solid wastes into sugars for aglae production, direct chemically created fuels or other fermentable biofuels.

We see the demonstration of Solazyme's heterotrophic (no sunlight required) algae growth on Bluefire cellulosic sugars as a very important step in fulfilling the need for renewable fuels. The potential of your algae tc EX4 replace or augment diesel, gasoline or even jet fuels could enhance the economic feasibility of the overall concept and even advance the timeline for commercial deployment.

BlueFire's technology is extremely versatile, both in its ability to utilize a wide variety of feedstocks and in the end-products that it can produce. This versatility enables BlueFire

to consider a wide variety of feedstocks and locations in which to develop facilities to become the lowest cost producer of either cellulosic sugars or bio-fuels.

Our technical staff has processed samples of feedstocks for Solazyme evaluation in the past and are confident that through a partnership we can become an important team bringing cellulosic derived renewable fuels to the commercial market We are willing to support this Solazyme proposal to DOE

REDACTED
EXEMPTION 4

Furthermore, to the best of its knowledge, Bluefire owns or will have a license to all the intellectual property rights necessary to provide concentrated cellulosic sugars to Solazyme to carry out algal fermentations to produce purified algal oil to be refined into transportation fuels as set out in proposal in response to DE-FOA-0000096. Limited licenses will be granted to Solazyme only to the extent necessary to accomplish the tasks set out in the proposal.

BlueFire looks forward to participating with Solazyme in this exciting opportunity and to this alternate path to supply renewable biofuels to the California market and beyond.

Best regards,

John E Cuzens

John E. Cuzens, P.E.
Sr. V.P. Chief Technology Officer Bluefire Ethanol Inc.

Attachments:
Revised DOE form SF-424A, Budget Information
Revised DOE form PMC123.1 Budget Justification Excel
Revised DOE form PMC123.1 Budget Justification Word

Cc: Matthew Frome, Director Business Development
Richard Klann, Manager Business Development Bluefire Ethanol, Inc.

Hames, Molly

From: Sterner, Christy
Sent: Friday, March 26, 2010 4:46 PM
To: Hames, Molly
Subject: RE: Revisions to Solazyme "Assistance Agreement"

Importance: High

Hi Molly,

I don't believe I have a 'formal' email regarding approval of the P.I. change. We talked about the 'change' early on in the project and I have met David Brinkmann on numerous occasions. David Brinkmann is listed in the application as the P.I. and I have reviewed his qualifications based on the original submittal (I'm not sure why Tony was ever listed as the P.I.). From what I know of the project and the application, David has always been identified as the P.I. Regardless of how this happened, he (David Brinkmann) is highly qualified and should be the P.I. noted on all award documentation.

Please let me know if you have any further questions or need additional documentation.

Best regards,

Christy Sterner
U.S. DOE

Go to http://www.eere.energy.gov/golden/funding.aspx for important news regarding Grants.gov.

-----Original Message-----
From: Hames, Molly
Sent: Friday, March 26, 2010 4:30 PM
To: Sterner, Christy
Subject: FW: Revisions to Solazyme "Assistance Agreement"

Hello Christy,
Please see Melissa's note below. Can you resend Gypsy's email with your approval/disapproval of the PI change from the original 000 award?

Molly Hames
Grants & Agreements Specialist
U.S. Department of Energy
Golden Field Office
1617 Cole Blvd. Golden, CO 80401
Phone: 303-275-4864
Fax: 303-275-4754

-----Original Message-----
From: Wise, Melissa
Sent: Friday, March 26, 2010 4:29 PM
To: Hames, Molly
Subject: RE: Revisions to Solazyme "Assistance Agreement"

Hi Molly,

No, this is not enough. We'll need an e-mail from Christy that basically states she has reviewed the qualifications of David Brinkmann and approves the PI change.

Thanks,
Melissa

Melissa Wise
Grants and Agreements Specialist
U.S. Department of Energy
Golden Field Office

-----Original Message-----
From: Hames, Molly
Sent: Friday, March 26, 2010 4:27 PM
To: Wise, Melissa
Subject: FW: Revisions to Solazyme "Assistance Agreement"

Hello Melissa,
Does the email below work as approval, or does it need to be more formal than this?

Molly Hames
Grants & Agreements Specialist
U.S. Department of Energy
Golden Field Office
1617 Cole Blvd. Golden, CO 80401
Phone: 303-275-4864
Fax: 303-275-4754

-----Original Message-----
From: Sterner, Christy
Sent: Tuesday, January 26, 2010 11:09 AM
To: Hames, Molly
Subject: FW: Revisions to Solazyme "Assistance Agreement"

Hi Molly,

I asked that Gypsy send this information to you. If we have to do a formal amendment to modify the terms and conditions, I figured we can make the changes below as well. I'll talk to Melissa about this as well. Whew!

Thanks for your help!

Best regards,

Christy Sterner
U.S. DOE

Go to http://www.eere.energy.gov/golden/funding.aspx for important news regarding Grants.gov.

-----Original Message-----
From: Gypsy Achong [mailto:gachong@solazyme.com]
Sent: Tuesday, January 26, 2010 10:03 AM
To: Hames, Molly

Cc: Sterner, Christy; Lindeman, Chris
Subject: Revisions to Solazyme "Assistance Agreement"

Dear Molly,

I hope all is well. Christy recommended that I reach out to you with minor revisions to Solazyme's "Assistance Agreement." They are listed below:

Ques. 14. Principal Investigator - Should be David Brinkmann. Currently noted as Anthony Day. The phone number is the same.

On Page 3, Recipient Business Officer - Should be David Brinkmann. E-mail: doe_szibr@solazyme.com. The phone number is the same.

On Page 3, Recipient Principal Investigator - Should be David Brinkmann. E-mail: doe_szibr@solazyme.com. The phone number is the same.

Thanks for your help!

Gypsy

Gypsy Achong

Email: gachong@solazyme.com

Phone: 650 780 4777 x5273

Solazyme, Inc.

561 Eccles Avenue

South San Francisco, CA 94080

The information in this e-mail (including attachments, if any) is considered confidential and is intended only for the recipient(s) listed above. Any review, use, disclosure, distribution or copying of this e-mail is prohibited except by or on behalf of the intended recipient. If you have received this email in error, please notify me immediately by reply email, delete this email, and do not disclose its contents to anyone. Thank you.

PMC 410.1
(07/06)

U.S. DEPARTMENT OF ENERGY
PROJECT MANAGEMENT CENTER

FINANCIAL INFORMATION

PROVIDE ALL INFORMATION REQUESTED ON THIS FORM

Applicant: Solazyme, Inc.

Project Title: **Solazyme Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae**

Announcement/Award No: **DE-FOA-0000096**

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: Defense Logistics Agency
Point of Contact: Mr. John Dormer
Phone: 215-737-2284
E-mail: john.dormer@dla.mil

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
SP 4701-09-C-0040	DLA	Philadelphia	8/31/09	8/30/10	$8.574M
SP 0600-09-R-0704	DESC	Fort Belvoir, VA	9/1/09	7/30/10	$223K

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:
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?	☒	☐	☐

PMC123.1 - Budget Justification for SF 424A Budget

Instructions and Summary

Award Number: _____ **Date of Submission:** _____

Award Recipient: Solazyme **Form submitted by:** Abengoa Bioenergy

(May be award recipient or sub-recipient)

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

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

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

SUMMARY OF BUDGET CATEGORY COSTS PROPOSED

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

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

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

a. Personnel

PLEASE READ!!!

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

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

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

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

REDACTED
EXEMPTION 4

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

Additional Explanations/Comments (as necessary)

b. Fringe Benefits

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

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

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

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

Additional explanation/comments (as necessary)

REDACTED
EXEMPTION 4

c. Travel

PLEASE READ!!!

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

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

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

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

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

Additional Explanations/Comments (as necessary)

d. Equipment

PLEASE READ!!!

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

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

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

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

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