This message was sent from
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Golden Field Office

REDACTED
EXEMPTION 5
(Attorney/Client privilege)
(Deliberative process)

----- Original Message -----
From: Gottlieb, Paul <Paul.Gottlieb@hq.doe.gov>
To: Moody, Julia
Cc: Field, Linda (Hq)
Sent: Thu Mar 18 05:37:26 2010
Subject: RE: Business Clearance waiver for IBRs

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(Deliberative process)

Paul Gottlieb
Assistant General Counsel
for Technology Transfer & Intellectual Property
U.S. Department of Energy
1000 Independence Ave., SW
Washington, DC 20585
202-586-3439 (fax 2805)
Paul.Gottlieb@HQ.DOE.GOV
http://www.gc.doe.gov/intellectual_prop_lab_partner.htm

-----Original Message-----
From: Moody, Julia [mailto:julia.moody@go.doe.gov]
Sent: Wednesday, March 17, 2010 4:21 PM
To: Gottlieb, Paul
Subject: Business Clearance waiver for IBRs

Paul,

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EXEMPTION 5
(Attorney/Client privilege)
(Deliberative process)

Julia Cook Moody
Deputy Chief Counsel
for Intellectual Property
U.S. Department of Energy
Golden Field Office

(303) 275-4867

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

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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

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

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.

Applicant Name: Solazyme, Inc. Award Number: DE-EE0002877, 001

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. Budget Period 1	81.087			$969,689		
2.						
3.				REDACTED EXEMPTION 4		
4.						
5. Totals				$969,689		

Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity (1) BP1	(2)	(3)	(4)	Total (5)
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies			REDACTED EXEMPTION 4		
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					

PMC123.1 - Budget Justification for SF 424A Budget

Instructions and Summary

Award Number: DE-FOA-0000096
Award Recipient: Solazyme

Date of Submission: 3/13/2010
Form submitted by: Solazyme
(May be award recipient or sub-recipient)

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

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

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

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

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

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

DOE Share	$969,689	$20,752,502	$31,314	$21,753,505

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	Pay Rate	Total Budget	Time	Pay Rate	Total Budget	Time	Pay Rate	Total Budget			

REDACTED
EXEMPTION 4

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

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

b. Fringe Benefits

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

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

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

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

Additional explanation/comments (as necessary)

REDACTED
EXEMPTION 4

c. Travel

PLEASE READ!!!

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

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

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

Purpose of travel	No. of Travelers	Depart From (not required for domestic travel)	Destination (not required for domestic travel)	No. of Days	Cost per Traveler	Cost per Trip	Basis for Estimating Costs
Budget Period 1							
Domestic Travel							
EXAMPLE ONLY!!! Visit to PV cell mfr. to set up vendor agreement							
Domestic Travel subtotal							
International Travel							
International Travel subtotal							
Budget Period 1 Total							
Budget Period 2							
Domestic Travel							

REDACTED
EXEMPTION 4

REDACTED
EXEMPTION 4

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

REDACTED
EXEMPTION 4

Domestic Travel subtotal							
International Travel							
International Travel subtotal							
Budget Period 2 Total							
Budget Period 3							
Domestic Travel							
Domestic Travel subtotal							
International Travel							
International Travel subtotal							
Budget Period 3 Total							
PROJECT TOTAL							

REDACTED
EXEMPTION 4

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					
Budget Period 3					
				REDACTED EXEMPTION 4	

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

$0

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

e. Supplies

PLEASE READ!!!

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

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

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

General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need
Budget Period 1					
EXAMPLE ONLY!!! Wireless DAS components					
				REDACTED EXEMPTION 4	
Budget Period 1 Total					
Budget Period 2					
				REDACTED EXEMPTION 4	
Budget Period 2 Total					
Budget Period 3					
					REDACTED EXEMPTION 4

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

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

REDACTED
EXEMPTION 4

f. Contractual

PLEASE READ!!!

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

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

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

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

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

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

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

REDACTED
EXEMPTION 4

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

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

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

Total Contractual		

AdditionalExplanations/Comments (as necessary)

REDACTED
EXEMPTION 4

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

REDACTED
EXEMPTION 4

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			
Three days of excavation for platform site EXAMPLE ONLY!!!			
		REDACTED EXEMPTION 4	
Budget Period 1 Total			
Budget Period 2			

REDACTED
EXEMPTION 4

General Description	Cost	Basis of Cost	Justification of need

REDACTED
EXEMPTION 4

Budget Period 2 Total			
Budget Period 3			
Budget Period 3 Total			
PROJECT TOTAL			

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

h. Other Direct Costs

PLEASE READ!!!

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

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

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

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

REDACTED
EXEMPTION 4

REDACTED
EXEMPTION 4

REDACTED
EXEMPTION 4

Additional Explanations/Comments (as necessary)

i. Indirect Costs

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

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

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

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

Additional Explanations/Comments (as necessary)

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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				
		Totals				

Total Project Cost: **Cost Share Percent of Award:**

Additional Explanations/Comments (as necessary)

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

650 780 4777
650 989 6700 fax
solazyme.com

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

FOIA EXEMPTION 4

REDACTED

FOIA EXEMPTION 4

CHEROKEE
PHARMACEUTICALS
A PRWT LIFE SCIENCES COMPANY

Cherokee Pharmaceuticals LLC
1835 Market Street – Suite 1100
Philadelphia, PA 19103

Manufacturing Site:
100 Avenue C
P.O. Box 367
Riverside, PA 17868

+1 215 988 8979 office
+1 225 933 1515 mobile
+1 215 569 1925 fax
dennis.bauer@cherokee-pharma.com

June 29, 2009

Mr. Tyler Painter
Chief Financial Officer
Solazyme, Inc.
561 Eccles Avenue
South San Francisco, CA 94080

RE: Cost Share - Integrated Biorefinery Operations

Dear Tyler:

Cherokee Pharmaceuticals LLC looks forward to the opportunity to participate in the U.S. Department of Energy project for the Demonstration of Integrated Biorefinery Operations in response to Funding Opportunity Announcement Number DE-FOA-0000096.

REDACTED
EXEMPTION 4

We are pleased that you have selected us as the site for your integrated biorefinery and we will endeavor to help make the project a success. We believe that Solazyme's heterotrophic algal technology represents an important advance both for renewable biofuels and for industrial bioproduction, and we are excited to play a pivotal role in this project.

Best regards,

Dennis P. Bauer, Ph.D.
Vice President – Sales & Marketing

cc: Mkt Files, Elliot, Haney, Noll

UOP LLC
25 E. Algonquin Rd.
Des Plaines, IL 60017-5017

Tel: 847.391.2000
Fax: 847.391.2253
www.uop.com

June 16, 2009

Dr. Matthew Frome
Director of Business Development
Solazyme
561 Eccles Avenue
South San Francisco, CA 94080

RE: Letter of support for the cost share for the DOE-FOA-0000096 application:
Solazyme Integrated Biorefinery (SzIBR): Diesel Fuels from Heterotrophic Algae

Dear Dr. Frome:

UOP, LLC looks forward to the opportunity to participate in the U.S. Department of Energy project for the Demonstration of Integrated Biorefinery Operations in response to Funding Opportunity Announcement Number DE-FOA-0000096.

UOP LLC is a leading international supplier and licensor of process technology, catalysts, adsorbents, process plants, and consulting services to the petroleum refining, petrochemical, and gas processing industries. Launched in late 2006, our Ecofining™ process technology is the first commercial product from UOP's Renewable Energy & Chemicals business unit. UOP is developing and commercializing technology to produce transportation fuels and chemicals from biofeedstocks ranging from vegetable and algal oils to second generation cellulosic waste feedstocks like corn stover or wood chips.

As a member of this project team, we agree to contribute cost share of EX 4 f the project costs if the program is selected. Based on the current budget, the UOP costs are expected to be EX 4 with UOP contributing EX 4

We are pleased to be included in this program to produce renewable diesel from Solazyme's algae oil. We believe that Solazyme's heterotrophic algal technology represents an important advance for renewable biofuels, and are excited to play an important role in this project.

If you have any questions, please feel free to contact me.

Best Regards,

Jennifer Holmgren
General Manager
Renewable Energy and Chemicals

ABENGOA BIOENERGY
ABENGOA BIOENERGY NEW TECHNOLOGIES

11500 W 13th Avenue
Lakewood, CO 80215
Telephone (+) 303-928-8500
Fax (+) 303-928-8510

June 26, 2009

Dr. Tony Day
Solazyme, Inc.
561 Eccles Avenue
South San Francisco, CA 94080

Dear Dr. Day,

I write in support of your application "Sustainable Feedstock Production Supply Systems to Support Cellulosic Biorefinery Industries" to be submitted to the U. S. Department of Energy's Funding Opportunity.

Your efforts in the utilization of algae to ferment sugars, specifically derived from cellulosic, to lipid based fuels aligns with our research, demonstration and production of low cost fermentation sugars from biomass. We are willing to produce fermentable sugars from biomass in our pilot plant in York, NE for your use in the production of lipid oils from algae. If your proposal is awarded by the DOE, v

REDACTED
EXEMPTION 4

We look forward to your success in this project.

Sincerely,

Robert J. Wooley, PhD, PE
Director, Process Engineering

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