

Estimated Budget Form

Offeror's Name
And Address:

Principal Investigator Name:

Telephone Number:

Project Title:

Proposed Lower-Tier Subcontractor(s)
Organization's Name and Address:

Telephone Number:

Type of Business:

Approval Signatures:

(Signature)

Date

(Typed Name)

(Signature)

Date

(Typed Name)

Letters of Interest PRICE/COST Estimate Sheet for

Description		Base Year/ Phase	Option Year I/ Phase	Option Year II/ Phase	Total
A.	Direct Materials (\$)				
B.	Direct Labor ⁺ (\$)				
C.	Labor Overhead & Fringe (\$)				
D.	Special Testing (\$)				
E.	Special Equipment ⁺⁺ (List each piece of equipment and dollar amount)				
F.	Travel ⁺⁺⁺ (\$)				
G.	Consultants/Lower-tier Subcontractors (\$) (Identify Organization)				
H.	Other Direct Costs (\$) (e.g., Publications)				
I.	G&A (\$) (Specify rate) <i>enter as decimal</i>				
J.	TOTAL ESTIMATED PRICE/COST (\$)				
K.	PROFIT/FEE or (Subcontractor's Cost Sharing/Price Participation)				
L.	Facilities Capital Cost of Money (Provide Required Supporting Documentation)				
M.	TOTAL Price/Cost Proposed to NREL				
<p>⁺ List labor categories and total hours for each category</p> <p>⁺⁺ Capital Equipment Funds are not available for this solicitation. Equipment can be included in respondent's Price Participation/Cost Share</p> <p>⁺⁺⁺ List trips required and purpose. Note that foreign travel requires pre approval from DOE and special reporting requirements.</p>					