

# 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 <sup>+</sup> (\$)				
C.	Labor Overhead & Fringe (\$)				
D.	Special Testing (\$)				
E.	Special Equipment <sup>++</sup> (List each piece of equipment and dollar amount)				
F.	Travel <sup>+++</sup> (\$)				
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.	<b>TOTAL ESTIMATED PRICE/COST (\$)</b>				
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><sup>+</sup> List labor categories and total hours for each category</p> <p><sup>++</sup> Capital Equipment Funds are not available for this solicitation. Equipment can be included in respondent's Price Participation/Cost Share</p> <p><sup>+++</sup> List trips required and purpose. Note that foreign travel requires pre approval from DOE and special reporting requirements.</p>					