

COST PROPOSAL GUIDELINE

Proposal/Award Number	Audit Agency or CPA Name, Address, Point of Contact, Telephone
Applicant Name	
Project Title	

COST ELEMENT SUMMARY

Cost Element	1st Budget Period		2nd Budget Period		3rd Budget Period		Total Project
	DOE	Participant(s)	DOE	Participant(s)	DOE	Participant(s)	(\$)
DIRECT LABOR							-
FRINGE BENEFITS							-
LABOR OVERHEAD							-
TRAVEL							-
EQUIPMENT							-
SUPPLIES							-
CONTRACTS							-
OTHER							-
							-
							-
							-
TOTAL DIRECT COSTS	-	-	-	-	-	-	-
INDIRECT COSTS							-
TOTAL COSTS		-		-		-	-
AWARDEE COST SHARE		-		-		-	-
DOE COST SHARE		-		-		-	-
TOTAL COSTS		-		-		-	-

Notes: Cost element titles may be changed to fit the project.
 Work sheet is designed to round to the nearest dollar.
 Details on attached sheets should agree with totals on this sheet.

COST ELEMENT DETAIL

DATE _____

PERIOD _____

COMPLETE THE INFORMATION FOR EACH BUDGET PERIOD.

DIRECT LABOR

LABOR CATEGORY (OR INDIVIDUAL'S NAME(S))	RATE	UNIT OF TIME	ESTIMATED COST
<input type="checkbox"/> Based on actual payroll data.	(Annual, hourly, monthly, etc.)	(Hours, month, percentage of time.)	
<input type="checkbox"/> Other, please explain.			
A.			-
B.			-
C.			-
D.			-
SUBTOTAL			-

FRINGE BENEFITS

IDENTIFY FRINGE BENEFIT RATE INFORMATION	RATE	BASE AMOUNT	ESTIMATED COST
<input type="checkbox"/> Based on an approved rate agreement.			
<input type="checkbox"/> Based on actual historical costs.			
<input type="checkbox"/> Other, please explain.			

LABOR OVERHEAD

IDENTIFY OVERHEAD/BURDEN RATE INFORMATION	RATE	BASE AMOUNT	ESTIMATED COST
<input type="checkbox"/> Based on an approved rate agreement.			
<input type="checkbox"/> Based on actual historical costs.			
<input type="checkbox"/> Other, please explain.			

INDIRECT COSTS

IDENTIFY INDIRECT/G&A RATE INFORMATION	RATE	BASE AMOUNT	ESTIMATED COST
<input type="checkbox"/> Based on an approved rate agreement.			
<input type="checkbox"/> Based on actual historical costs.			
<input type="checkbox"/> Other, please explain.			

COST ELEMENT DETAIL

DATE _____

PERIOD _____

COMPLETE THE INFORMATION FOR EACH BUDGET PERIOD.

TRAVEL COSTS					
DESCRIPTION	NO. OF TRAVELERS	NO. OF DAYS	NO. OF TRIPS	ESTIMATED COST PER TRIP (\$)	ESTIMATED TOTAL (\$)
FROM: TO: PURPOSE OF TRIP:					0
FROM: TO: PURPOSE OF TRIP:					0
FROM: TO: PURPOSE OF TRIP:					0
FROM: TO: PURPOSE OF TRIP:					0
FROM: TO: PURPOSE OF TRIP:					0
TOTAL ALL TRAVEL					0

Note: Travel amounts proposed and incurred cannot exceed rates/amounts contained in the Federal Travel Regulations (FTR). The FTR(s) are published in the Federal Register.

If the destination is not known an estimated cost per trip with a short explanation is appropriate.

COST ELEMENT DETAIL

DATE _____

PERIOD _____

COMPLETE THE INFORMATION FOR EACH BUDGET PERIOD.

EQUIPMENT COSTS				
DESCRIPTION	COST BASIS*	NUMBER OF UNITS	UNIT PRICE	ESTIMATED COST (\$)
A.				-
B.				-
C.				-
D.				-
E.				-
F.				-
G.				-
H.				-
I.				-
TOTAL EQUIPMENT COSTS				-
* <u>Cost Basis Symbols:</u> VQ - Verbal Quote WQ - Written Quote CA - Catalog Price EE - Engineering Estimate HC - Historical Cost CI - Current Invoice O - Other, Please Explain	Other, Please Explain:			

COST ELEMENT DETAIL

DATE _____

PERIOD _____

COMPLETE THE INFORMATION FOR EACH BUDGET PERIOD.

SUPPLIES/MATERIALS/CONTRACTS				
DESCRIPTION	COST BASIS*	NUMBER OF UNITS	UNIT PRICE	ESTIMATED COST (\$)
A.				-
B.				-
C.				-
D.				-
E.				-
F.				-
G.				-
H.				-
I.				-
TOTAL SUPPLIES/MATERIALS/CONTRACTS				-
* <u>Cost Basis Symbols:</u> VQ - Verbal Quote WQ - Written Quote CA - Catalog Price EE - Engineering Estimate HC - Historical Cost CI - Current Invoice O - Other, Please Explain.		Other, Please Explain:		

COST ELEMENT DETAIL

DATE _____

PERIOD _____

COMPLETE THE INFORMATION FOR EACH BUDGET PERIOD.

OTHER DIRECT COSTS				
DESCRIPTION	COST BASIS*	NUMBER OF UNITS	UNIT PRICE	ESTIMATED COST (\$)
A.				-
B.				-
C.				-
D.				-
E.				-
F.				-
G.				-
H.				-
I.				-
TOTAL OTHER DIRECT COSTS				-
<u>* Cost Basis Symbols:</u> VQ - Verbal Quote WQ - Written Quote CA - Catalog Price EE - Engineering Estimate HC - Historical Cost CI - Current Invoice O - Other, Please Explain	Other, Please Explain:			

COST ELEMENT DETAIL

DATE _____

PERIOD _____

COMPLETE THE INFORMATION FOR EACH BUDGET PERIOD.

COST SHARE

Federal criteria as required in 10 CFR 600.123 shall be met for all proposed cost share for Financial Assistance. Other Federal Funds (e.g., financial assistance funds) may not be used for cost-sharing. Cost share commitment letters must be provided describing the specific types of cost share. If the cost share is cash, a statement shall be included identifying what budget period the cash will be provided and against what cost elements the cash is to be applied. Cash cannot be provided as cost share to reimburse unallowable costs.

If the cost share is in-kind, then detail must be provided for all cost share above \$100,000. Detail shall be provided by each participant, by budget period, on the same forms as the Cost Proposal Guidelines and supporting documentation. For cost share under \$100,000, provide an explanation of the cost share in the commitment letter. Cost share must be allowable costs under Federal Regulations.

For proposals with multiple cost share participants, complete the following table:

Participant	Cash	In-Kind	Total
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
TOTAL COST SHARE	0	0	0