Budget Support

The Budget Support provided in this document is to supplement and compliment your Budget Justification Workbook form (IE 540.132-01). Complete the header information, include narrative responses to the questions below, attach any necessary supplemental information, and upload it as part of your application.

**The Budget Support template must be signed by an authorized representative, either digitally or manually in ink and scanned. Typed signatures do not constitute a digital signature.**

Save the completed Budget Support form and any necessary supplemental information as a single or multiple PDF files (no more than 3 files including the form) and submit as part of your application. Note: The maximum file size that can be uploaded to the IE-Exchange website is 50MB. If multiple files are submitted, use the convention for the title “ControlNumber\_LeadOrganization\_Budget\_Support”, denoting the subsequent files as “Part\_1” and “Part\_2”, and submit as part of your application. The use of the Budget Support template is not required, but the information included within the Budget Support template is required.

The Budget Justification Workbook form (IE 540.132-01) is available under ‘Application Forms and Templates’’ for this FOA on IE-Exchange at <https://ie-exchange.energy.gov>.

The following information must be included with the application to support the Applicant’s proposed project costs:

1. If ***no*** direct Personnel and/or Fringe costs have been proposed as part of the Budget Justification Workbook form (IE 540.132-01), please explain how the Applicant plans to administer the grant agreement without direct Personnel costs and/or associated Fringe benefit costs.

**Additionally, if the Applicant chooses to contribute Personnel and Fringe costs outside the grant agreement, please provide a statement below specifying that the Applicant is aware that they will not be able to later claim these costs as project costs.**

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| Type response here.  |

1. If Fringe costs are proposed as part of the Budget Justification Workbook form (IE 540.132-01), please provide details on how the Fringe costs were calculated for each position, including a breakdown of the elements that comprise the Fringe benefit rate (e.g., FICA, SUTA, Unemployment, Worker’s Comp, and Insurance) for each position being proposed. For example, 18% Fringe rate for the Program Manager consists of FICA 5%, SUTA 5%, Unemployment 5%, Worker’s Comp 2% and Insurance 1%).

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| Type response here. |

1. If Indirect costs are proposed as part of the Budget Justification Workbook form (IE 540.132-01), provide a copy of your most recent approved Indirect Rate Agreement or Rate Proposal.

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| Type response here. If attached, please indicate here. |

1. If ***no*** Indirect costs have been proposed as part of the Budget Justification Workbook form (IE 540.132-01), please explain why these costs are not proposed for this project. **Be aware that if no Indirect costs are included as part of the approved budget, and if an award is made, the Applicant will** **not be able to later charge Indirect costs to the project.**

Additionally, if ***no*** Indirect costs are proposed, please also include a statement below affirming that the Applicant does not intend to charge Indirect costs to the project and will not charge Indirect costs for the duration of the project.

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| Type response here. |

1. As the Code of Federal Regulations ([2 CFR 200.319](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d/section-200.319)) requires competition to the maximum extent practical, please explain how each of the entities included under the Contractual cost category of the Budget Justification Workbook form (IE 540.132-01) were competitively selected.

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| Type response here. Explain how each of the entities in your application were COMPETITIVELY selected. If ANY WERE selected non-competitively, see Question #6 below. |

1. If any of the entities included under the Contractual cost category of the Budget Justification Workbook form (IE 540.132-01) were selected non-competitively, per [2 CFR 200.320(c)](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d/section-200.320), please submit a separate formal request signed by an authorized representative and addressed to the Contracting Officer to approve the non-competitive selection(s). Include those requests as part of this Budget Support file.

The non-competitive sole source request should be on the Applicant’s letterhead and include the justification for each of the sole source selection(s), which may include: (1) any unique or exclusive qualifications; (2) time urgency, if any; (3) past working relationships; and (4) any other rationale to justify the selection non-competitively.

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| If ANY entities WERE selected non-competitively, identify them here and attach a non-competitive sole source request on letterhead signed by an authorized representative. |

1. A Subcontract Plan is required if there are third-parties (i.e., Subrecipients or Vendors) included under the Contractual cost category of the Budget Justification Workbook form (IE 540.132-01) and have not yet been selected. **The Subcontract Plan must include a description of the selection process to be employed, statement of work, and criteria to be used for selection.** The Subcontract Plan may be supplemented by excerpts of the Applicant’s procurement policy and procedures document.

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| If ANY third-party has not yet been selected, identify them here and describe the selection process to be employed, provide a brief statement of work, and identify the criteria to be used for selection.include excerpts of procurement policy or procedures, if needed. |

1. For each **Vendor** (defined as a legal entity contracted to provide goods and services within normal business operations, who provides similar goods or services to many different purchasers, and operates in a competitive environment) proposed under the Contractual cost category of the Budget Justification Workbook form (IE 540.132-01), please provide a description of work to be performed by the Vendor, a basis of estimate of the Vendor’s costs as part of the Budget Justification Workbook form (IE 540.132-01), attach a quote or cost proposal, and submit as part of this Budget Support file(s).

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| Type response here. Provide a description of work to be performed by the Vendor and Specify the attachments included to support the proposed Vendor costs. |

1. If a **Subrecipient** (defined as an entity, usually but not limited to non-federal entities, that receives a Subaward (see definition) from a pass-through entity to carry out part of a federal award; but does not include an individual that is a beneficiary of such award), is included under the Contractual costs of the Budget Justification Workbook form (IE 540.132-01) and is expected to perform work estimated to be **less than $250,000 or 25 percent of the total project costs (whichever is less)**, please provide a description of work to be performed by the Subrecipient, a basis of estimate of the Subrecipient’s costs as part of the Budget Support file, attach a quote or cost proposal, and submit as part of this Budget Support file(s).

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| Type response here. Identify the Subrecipients for which this applies, describe the work to be performed, and specify the attachments included to support the proposed subrecipient costs. |

1. If a **Subrecipient** (defined as an entity, usually but not limited to non-federal entities, that receives a Subaward (see definition) from a pass-through entity to carry out part of a federal award; but does not include an individual that is a beneficiary of such award), is included under the Contractual costs of the Budget Justification Workbook form (IE 540.132-01) and is expected to perform work estimated to be **more than $250,000 or 25 percent of the total project costs (whichever is less)**, a separate Budget Justification Workbook form (IE 540.132-01) is required for only the Subrecipient’s project costs. Save each Subrecipient Budget Justification Workbook form in a separate Microsoft Excel file and submit as part of your application. This form is provided under ‘Application Forms and Templates’’ for this FOA on IE-Exchange at https://ie-exchange.energy.gov.

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| Type response here. Identify the Subrecipients for which this applies, describe the work to be performed, and specify the attachments included to support the proposed subrecipient costs. |

1. If applicable, identify Equipment costs proposed under the Budget Justification Workbook form (IE 540.132-01), attach quotes or other documentation to support those Equipment costs proposed under the Budget Justification Workbook form (IE 540.132-01), and submit as part of this Budget Support file(s).

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| Type response here. Identify the Equipment costs and specify the attachments included to support proposed equipment costs. |

1. If applicable, identify the Supply costs proposed under the Budget Justification Workbook form (IE 540.132-01) and attach quotes or documentation to support those Supply costs, and submit as part of this Budget Support file(s).

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| Type response here. Identify the Supply costs and specify the attachments included to support proposed supply costs. |

1. If applicable, identify the Other costs proposed under the Budget Justification Workbook form (IE 540.132-01), attach quotes or documentation to support those Other costs, and submit as part of this Budget Support file(s).

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| Type response here. Identify the Other Direct costs for which this applies and specify the attachments included to support proposed other costs. |

1. Attach any other documentation to supplement the costs included under the Budget Justification Workbook form (IE 540.132-01) and submit as part of this Budget Support file.

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| Type response here. Identify any other documentation provided as attachments |

**Certification:**

I represent and certify, by my signature below, that all the information provided above is accurate and complete, and that I am authorized to certify to this information on behalf of the Applicant.

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| Name: |  |
| Title: |  |
| Signature of Authorized Official: |  |
| Date: |  |