Operations Project Authorization Form

Project Title: Customer Driven Annual	**Project Number: CDCDANNL**
Date Prepared: 04/10/2024	**Company:** Eversource CT
Organization: Electric Field Operations	**Class(es) of Plant:** D Line
Project Initiator: [redacted]	**Project Category:** Customer Driven
Project Manager: [redacted]	**Project Type:** Annual
Project Sponsor: [redacted]	**Capital Investment part of original Operating Plan:** Yes
Estimated in service date: 12/31/2024	**Emergency Related Request?** No
Eng./Constr. Resources Budgeted? Yes	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF x Distribution
Total Gross Capital Request: $33,022.1K	**Authorization Type:** Full Funding

Executive Summary

This 2024 annual project covers distribution overhead (OH), duct (UG) and direct buried (DB/URD) construction (excluding transformer purchases) required to serve new customers or to upgrade service to existing customers. This project pertains to high volume work orders not to exceed $500K and covers the entire state of CT. Capital work orders initiated against this annual project **must include total costs less than or equal to $500K.** Any work order exceeding $500K will require a separate Project Authorization Form (PAF).

Project Costs Summary

Capital Costs	Year 2024	Total
Direct Capital Costs		
Internal Labor and Construction Equipment	2,167.9	2,167.9
Outside Services	6,207.7	6,207.7
Materials	6,930.7	6,930.7
Removals	4,510.6	4,510.6
Risk and Contingency	44.5	44.5
Other	0.0	0.0
Subtotal – Direct Costs	19,861.4	19,861.4
Indirect Capital Costs		
Indirect/Overheads (including benefits)	12,342.0	12,342.0
Capitalized interest or AFUDC, if any	818.6	818.6
Subtotal – Indirect Costs	13,160.6	13,160.6
Total Gross Capital Costs	**33,022.1**	**33,022.1**
Customer Contribution	0	0
Total Net Capital Project Costs	**33,022.1**	**33,022.1**

Technical Justification:

Project Need, Objective and Justification

This annual incorporates the work necessary to serve new customer load and /or upgrade existing customer service. It includes both simple and complex new service requests.

Project Scope

The project includes the work needed to provide service. The types of construction could include:

- New line extensions (primary and/or secondary)
- Conversions
- Reconductoring or line relocation
- Installation of service conductors
- Installation of transformers
- Installation of poles
- Meter Work, etc.

Background

The annual project is created based on historic spending levels, economic climate, housing permits / starts etc. The project is set up to forecast funding necessary to meet customer service needs whether the work is to serve new customer load or to upgrade an existing customer service.

If significant system upgrades are needed to accommodate the increase in load, a specific project will be created to meet the increased capacity requirements.

Alternatives Considered:

Were alternative solutions considered/applicable? Include any cost/benefit analysis.

This is an annual project that captures work / cost associated with basic construction requirements needed to meet new customer service requests and /or upgrade existing services. If significant investment is needed to upgrade the distribution infrastructure to accommodate the increased capacity, a specific project would be created. Alternatives would be evaluated for these larger projects.

Project is a compliance obligation - no alternatives considered - no financial benefit

Regulatory Approvals:

Are Regulatory body approvals needed for the project?
No

If yes, provide detailed regulatory approvals

Project Schedule

Milestone/Phase Name	Estimated Date
100% Engineering Completion	
Construction Start	
Testing/Commissioning	
In Service Date	

Risks and Risk Mitigation Plans

List top risks and mitigation plans associated with this project. Include any contingency related to each risk. (Permitting/siting; environmental; outage constraints; customer/community outreach; material delivery; constructability challenges; excavation; etc.)

This project is needed to meet customer service needs / requirements.

References

Appendix 2
Operations Project Authorization Form

Appendices (One-Line Diagrams, Images, etc.)

Reference appendices items in the appropriate section of the PAF and list items in the same order as referenced in the PAF

If the project has future financial benefits, please use the following table to provide the yearly amounts.

Financial Benefits	Year 20__	Year 20__	Year 20__	Year 20__
Capital				
O&M				
Other				
Total Financial Benefits				

Describe the estimated future Capital, O&M and/or Other benefits noted above:

What functional area(s) will these benefits be reflected in?_____

A representative from the respective functional area is required to be included as a project approver.