Appendix 2
Operations Project Authorization Form

Operations Project Authorization Form

Project Title: Emergent Line Annual	**Project Number: CDEMANNL**
Date Prepared: 11/16/2022	**Company:** Eversource CT
Organization: Electric Field Operations	**Class(es) of Plant:** D Line
Project Initiator: [redacted]	**Project Category:** Emergent Equipment Failures - Line
Project Manager: [redacted]	**Project Type:** Annual
Project Sponsor: [redacted]	**Capital Investment part of original Operating Plan:** Yes
Estimated in service date: 12/31/2023	**Emergency Related Request?** No
Eng./Constr. Resources Budgeted? Yes	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF x Distribution
Total Gross Capital Request: $45,000K	**Authorization Type:** Full Funding

Executive Summary

This annual project covers the replacement of failed and/or obsolete equipment on the electric distribution system. 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

See APS3 and APS8 requirements and consult with Plant Accounting for capital/O&M determination. Use published loaders for benefits, materials, and invoices, maintained by the Director, Budget and Internal Reporting.
Note: Dollar values are in thousands

Capital Costs	Year 2023	Total
Direct Capital Costs		
Internal Labor and Construction Equipment	$6,822.2	$6,822.2
Outside Services	$20,531.9	$20,531.9
Materials	$6,117.7	$6,117.7
Removals	$6,712.2	$6,712.2
Risk and Contingency	$0	$0
Other	$0	$0
Subtotal – Direct Costs	**$40,184.0**	**$40,184.0**
Indirect Capital Costs		
Indirect/Overheads (including benefits)	$4,077.0	$4,077.0
Capitalized interest or AFUDC, if any	$739.0	$739.0
Subtotal – Indirect Costs	**$4,816.0**	**$4,816.0**
Total Gross Capital Costs	**$45,000.0**	**$45,000.0**
Customer Contribution	0	0
Total Net Capital Project Costs	**$45,000.0**	**$45,000.0**

Technical Justification:

Project Need, Objective and Justification

This annual captures the cost associated with emergent work that requires replacement to existing facilities on the distribution system.

Project Scope

The annual includes:

- 9A (third party damage to Eversource equipment) billable work
  - Replacements associated with vehicle accidents
  - Replacements associated with dig ups, etc.

- Replacement of failed equipment:
  - UG cables
  - Splices
  - OH conductors
  - Crossarms
  - Pole, etc.

- Removal / replacement of obsolete units of property. Facilities are considered obsolete if they are outdated, cannot be maintained, or are no longer required.

Background

The funding level is forecasted based on historical spend. The work is required in order to maintain the integrity, safety and reliability of the system. The work is triggered by outages on the system and /or findings that require replacement.

Alternatives Considered:

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

Alternatives are considered based on the unique circumstances of each event.

Choose an item.

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.)

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.