EVERSOURCE

Supplement Authorization Form

Project Title: Transformer Annual	Project Number: DT7C
Date Prepared: 06/03/2025	**Company:** Eversource CT
Organization: Distribution Engineering	**Project Category:** Pre-Cap Line Transformers
Project Initiator: [redacted]	**Project Type:** Annual
Initiating Organization: Distribution	**Capital Investment part of original Op Plan:** Yes
Project Manager: [redacted]	**Emergency Related Request?** No
Project Sponsor: [redacted]	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF ☒ Distribution ☐ N/A (General Plant)
Current Authorized Amount: $40,000K	**Approved In-Service Date:** 12/31/2025
Supplement Request: $25,000K	**Estimated In-Service Date:** 12/31/2025
Total Capital Request: $65,000K	**Authorization Type:** Supplement Request
	Reason: Cost Overage

1. Project Background

This annual project covers the purchase and capitalization of distribution transformers (<500 kVA). An approval of $65,000K is requested for the 2025 CT electric transformers. This project covers the entire state.

2. Supplement Justification Overview

Supplemental funding request is due to an influx of transformers delivered that had been on backorder. Additionally, the price of transformers has increased significantly in 2024 and 2025.

3. Supplement Justification Detail

Supply chain issues in prior years caused major delays in the delivery of transformers. Additionally, there has been significant price increases in overhead transformers, 1 phase padmount transformers, and 3 phase padmount transformers.

4. Supplement Cost Summary (Project Total)

Financial Evaluation ($000's)

Capital Costs	To Date Spend	Prior Authorized	Supplemental Request	Total Request
Internal Labor and Construction Equipment	1,697.2	2,244.8	1,141.0	3,385.8
Outside Services	3,090.5	4,278.0	1,887.3	6,165.3
Materials	25,841.6	29,877.5	21,229.7	51,107.2
Removals	0.0	0.0	0.0	0.0
Risk and Contingency	0.0	0.0	0.0	0.0
Other	-223.1	15.1	-15.1	0.0
Subtotal	**30,406.2**	**36,415.4**	**24,242.9**	**60,658.3**

Indirect Capital Costs	To Date Spend	Prior Authorized	Supplemental Request	Total Request
Indirects/Overheads (including benefits)	2,176.4	3,584.6	757.1	4,341.7
Capitalized interest or AFUDC, if any	0.0	0.0	0.0	0.0
Subtotal	**2,176.4**	**3,584.6**	**757.1**	**4,341.7**
Total Capital Costs (Gross)	**32,582.6**	**40,000.0**	**25,000.0**	**65,000.0**
Less Total Customer Contribution	**0.0**	**0.0**	**0.0**	**0.0**
Project Costs (Net of Reimbursement)	**32,582.6**	**40,000.0**	**25,000.0**	**65,000.0**

5. New Total Request by Year (if applicable)

Note: If multi-year project, include actuals for current and years past, and then show forecasted spend for upcoming years.

6. Lessons Learned

n/a

Operations Project Authorization Form

Project Title: Transformer Annual	Project Number: DT7C
Date Prepared: 01/30/2025	**Company:** Eversource CT
Organization: Electric Field Operations	**Class(es) of Plant:** D Line
Project Initiator: [redacted]	**Project Category:** Pre-Cap Line Transformers
Project Manager: [redacted]	**Project Type:** Annual
Project Sponsor: [redacted]	**Capital Investment part of original Operating Plan:** Yes
Estimated in service date: 12/31/2025	**Emergency Related Request?** No
Eng./Constr. Resources Budgeted? Yes	**Facility Type** (check all that apply): ☐ PTF ☐ non-PTF ☐ Distribution
Total Gross Capital Request: $40,000K	**Authorization Type:** Full Funding

Executive Summary

This annual project covers the purchase and capitalization of distribution transformers (<500 kVA). An approval of $40,000K is requested for the 2025 CT electric transformers. This project covers the entire state.

Project Costs Summary *Note: Dollar values are in thousands*

Capital Costs	Year 2025	Total
Direct Capital Costs		
Internal Labor and Construction Equipment	2,244.8	2,244.8
Outside Services	4,278.0	4,278.0
Materials	29,892.6	29,892.6
Removals	0.0	0.0
Risk and Contingency	0.0	0.0
Other	0.0	0.0
Subtotal – Direct Costs	36,415.4	36,415.4
Indirect Capital Costs		
Indirect/Overheads (including benefits)	3,584.6	3,584.6
Capitalized interest or AFUDC, if any	0.0	0.0
Subtotal – Indirect Costs	3,584.6	3,584.6
Total Gross Capital Costs	**40,000.0**	**40,000.0**
Customer Contribution	0	0
Total Net Capital Project Costs	**$40,000.0**	**$40,000.0**

Technical Justification:

Project Need, Objective and Justification

An approval of $40,000K is requested for the 2025 Connecticut Electric Transformers. This work is not identified during the budget cycle but is a result of monitoring the system throughout the year.

Project Scope

Transformers consists of $40,000K of pre-capitalized purchase costs for transformers and regulators. Also included is the cost of installation. The unit cost of these transformers is zero when a project is being designed for construction. At the time of purchase, a credit is provided in expense for the pre-capitalized installation costs to offset the cost of installation.

Background

The annual project funding is determined based on historical spending levels and any identified special needs.

Alternatives Considered:

- 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.)

Pre-purchasing the needed transformers better prepares us to meet customer / project needs and avoid material concerns.

References

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.