EVERSOURCE

APS 1 - Project Authorization Policy

Appendix 2
Operations Project Authorization Form

Operations Project Authorization Form

Project Title:	**Project Number:**
Date Prepared: Click drop-down to enter date	**Company:** Choose an item
Organization: Choose an item	**Class(es) of Plant:** Choose an item
Project Initiator:	**Project Category:** Choose an item
Project Manager:	**Project Type:** Choose an item
Project Sponsor:	**Capital Investment part of original Operating Plan:** Choose an item
Estimated in service date:	**Emergency Related Request?** Choose an item
Eng./Constr. Resources Budgeted? Choose an item	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF ☐ Distribution
Total Gross Capital Request:	**Authorization Type:** Choose an item

Executive Summary

Briefly describe (in a few sentences) the overall description of the project (do not include technical details)

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
For projects with an O&M component necessary for project completion (eg: training), please note in the appendix what those costs will be and the CCC/business area responsible.

Please use project authorization excel cost tables (located on the HUB Accounting Policies & Procedures page) and paste picture with results as shown below:

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Capital Costs	Year 20__	Year 20__	Year 20__+	Total
Direct Capital Costs				
Internal Labor				$ -
Outside Services				$ -
Materials				$ -
Removals				$ -
Risk and Contingency				$ -
Other				$ -
Subtotal	$ -	$ -	$ -	$ -
Indirect Capital Costs				
Indirect/Overheads (including benefits)				$ -
Capitalized interest or AFUDC, if any				$ -
Subtotal	$ -	$ -	$ -	$ -
Total Capital Project Costs	**$ -**	**$ -**	**$ -**	**$ -**

Costs by Entity				Total
Direct Capital				$ -
Indirect Capital				$ -
Removal net of salvage				$ -
Total Capital Project Costs by Entity	**$ -**	**$ -**	**$ -**	**$ -**

Technical Justification:

Project Need, Objective and Justification

Project Scope

Background

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

Choose an item.

Regulatory Approvals:
Are Regulatory body approvals needed for the project?
Choose an item.

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.)

Future Financial Benefits:
If yes, provide a detailed explanation in the appendix section

Choose an item.

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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

- ***Future Financial Benefits:***

If the project has future financial benefits, please use the following table to provide the yearly amounts.
Please use project authorization excel cost tables (located on the HUB Accounting Policies & Procedures page) and paste picture with results as shown below

Future Costs	Year 20__	Year 20__	Year 20__	Year 20__
Capital				$ -
O&M				$ -
Other				$ -
Total Future Costs	**$ -**	**$ -**	**$ -**	**$ -**

Describe the estimated future financial 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.

- ***O&M Costs:***

If the project has an O&M component necessary for project completion, please provide those costs in the table below
Please use project authorization excel cost tables (located on the HUB Accounting Policies & Procedures page) and paste picture with results as shown below:

O&M Project Costs	Year 20__	Year 20__	Year 20__	Year 20__
Labor				$ -
Outside Services				$ -
Materials				$ -
Training				$ -
Other				$ -
Total O&M Related Costs	**$ -**	**$ -**	**$ -**	**$ -**

O&M represents (describe what costs are for):

What functional area(s) will these future costs be funded in (include manager and CCC)?