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APS 1 - Project Authorization Policy

Appendix 4
Supplement Request Form

# Supplement Request Form

| | |
|---|---|
| **Project Title:** | **Project Number:** |
| **Date Prepared:** Click drop-down to enter date | **Company:** Other - Please indicate Choose an item. Choose an item. |
| **Organization:** | **Class(es) of Plant:** |
| **Project Initiator:** | **Project Category:** |
| **Project Manager:** | **Project Type:** Choose an item |
| **Project Sponsor:** | **Project Purpose:** |
| **Estimated in service date:** Click drop-down to enter date | **Capital Investment part of original Operating Plan:** Choose an item |
| **Current Authorization Amount: $** | **O&M Expenses part of request:** Choose an item |
| **Supplement Request: $** | **Other:** |
| **Total Request: $** | |

## Supplement Justification

*Supplement Request Forms must be completed for projects in accordance with the Project Authorization Policy and approval levels in the Delegation of Authority Policy (DOA) as follows:*

*For Corporate Shared Services Projects:*
*For projects $500K to $16.5M - An increase in total authorized cost > 15% or;*
*For projects > $16.5M - An increase in total authorized cost > $2.5M*

*For Distribution and Transmission Operations Projects:*
*For projects $500K to $16.5M- An increase in total authorized cost > 15% or;*
*For projects > $16.5M - An increase in total authorized cost > $2.5M*

### Justification for Additional Resources

In this section, please provide a detailed and comprehensive justification for the additional resources. Please include, scope changes, dollar changes, the reasons for the changes, etc.

In addition, please attach a copy of the prior authorized PAF as reference

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APS 1 - Project Authorization Policy

Appendix 4
Supplement Request Form

## Supplement Cost Summary

| Capital Costs | Prior Authorized | Supplemental Request | 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 Customer Contribution | | | |
| **Total Capital Project Costs** | | | |

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APS 1 - Project Authorization Policy

Appendix 5
Subsidiary Board Approval Package Template

**Subsidiary Board Approval Package Template**

**Template for Capital Project Review and Approval by a Subsidiary Board**

**[Sponsoring Operating Unit or Corporate and Shared Services Group] [Project Title]**
**Capital Project Review and Approval**

[Subsidiary] Board of Directors [Sponsoring Officer] [Date of Submission]



Sub Board Approval Template.pptx

*Note: to save, complete and print the template, please right click on the above icon and select Presentation Object and Open*