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Operations Project Authorization Form

Project Title: [redacted] – E-Mfg Switch Replacement	**Project Number:** CS00221
Date Prepared: 04/06/2022	**Company:** Eversource CT
Organization: Asset Management	**Class(es) of Plant:** D SS
Project Initiator: [redacted]	**Project Category:** Stations - Switches
Managing Organization: Transmission / Major Projects	**Schedule ID#: CS002221**
Project Manager: [redacted]	**Project Type:** Specific
Project Sponsor: [redacted]	**Capital Investment part of original Op Plan:** Yes
Estimated in service date: 11/05/21	**Emergency Related Request?** No
Eng./Constr. Resources Budgeted? Yes	**Facility Type** (check all that apply): ☐ PTF ☐ non-PTF ☒ Distribution ☐ N/A (General Plant)
Total Capital Request: $233K	**Authorization Type:** Full Funding

[1] Executive Summary

This project is seeking full funding of $233K for a completed project at the [redacted] substation [redacted] outcome of safety report #S-545-2016 which recommended that [redacted]

The work was executed and completed in November 2021 under Initial Funding of $90K which was approved through a Technical Authorization Form on June 6, 2016. The requested funds of $233K cover the total cost incurred including indirect charges.

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[2] PROJECT COSTS SUMMARY

Note: Dollar values are in thousands

Line item Category	Prior Authorized	Actuals to Date	2022 to Go	2023	2024	2025	2026	2027	Total
1. ROW / Easements / Land Acquisition	$	$	$	$	$	$	$	$	$
2. Environmental Approvals / Permits	$	$	$	$	$	$	$	$	$
3. Outreach	$	$	$	$	$	$	$	$	$
4. Siting Approvals / Permits	$	$	$	$	$	$	$	$	$
5. Engineering / Design	$2	$3	$0	$	$	$	$	$	$3
6. Materials (Eversource purchased)	$10	$15	$0	$	$	$	$	$	$15
7. Construction (incl matl's by contractors)	$66	$82	$1	$	$	$	$	$	$83
8. Testing / Commissioning	$	$	$	$	$	$	$	$	$
9. Project Mgmt Team	$3	$8	$	$	$	$	$	$	$
10. Removals	$2	$9	$	$	$	$	$	$	$
11. Other	$	$	$	$	$	$	$	$	$
12. Risks	$	$	$	$	$	$	$	$	$
SUBTOTAL DIRECTS W/ RISKS	**$83**	**$117**	**$1**	**$**	**$**	**$**	**$**	**$**	**$118**
13. Indirects/Overhead	$6	$109	$	$	$	$	$	$	$109
14. AFUDC	$1	$6	$	$	$	$	$	$	$6
PROJECT TOTAL – BASELINE BUDGET	**$90**	**$231**	**$2**	**$**	**$**	**$**	**$**	**$**	**$233**
15. Contingency	$	$	$	$	$	$	$	$	$
TOTAL CAPITAL REQUEST	**$90**	**$231**	**$2**	**$**	**$**	**$**	**$**	**$**	**$233**
16. Reimbursables/Customer Contribution	$	$	$	$	$	$	$	$	$
PROJECT TOTAL (LESS REIMBURSABLES)	**$90**	**$231**	**$2**	**$**	**$**	**$**	**$**	**$**	**$233**
O&M	$	$	$	$	$	$	$	$	$
TOTAL REQUEST	**$90**	**$231**	**$2**	**$**	**$**	**$**	**$**	**$**	**$233**

Detail other costs, project risk items and their allocations:

Risk	Allocation
1. *-N/A – Project Completed-*	$
2.	$
3.	$
4.	$
5.	$
Total	$0

Explain unique payment provisions, if applicable: N/A

Identify and detail any unique O&M impacts resulting from this project: N/A

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[3] TECHNICAL JUSTIFICATION

Project Need, Objective and Justification

On April 25, 2016, [redacted]

[redacted]

Substation Engineering's recommendation was to [redacted].

[redacted]

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Project Scope

[redacted]

Substation Equipment *(use as applicable, delete if N/A)*

Station	Device Position / Nomenclature	Device Removals *include manufacturer*	Device Additions *include manufacturer*
[redacted]	[redacted]	[redacted]	[redacted]
		[redacted]	[redacted]
		[redacted]	[redacted]
		[redacted]	[redacted]

Background

On April 25, 2016, [redacted]

[4] ALTERNATIVES CONSIDERED

Due to the safety concerns and poor switch design, no alternatives to replacement were considered.

[5] Project Schedule

Include required milestones as outlined in Capital Project Approval Process Job Aid JA-AM-2001-A. Add additional key milestones specific to this project as needed.

Milestone	Scheduled Completion Date
Project Need by Date	Complete
Date of IFR Approval	Complete
SDC Presentation Date(s)	Complete
Initiator complete PAF form	Complete
EPAC Funding Dates (Partial and/or Full)	Complete
Detail Design Complete	Complete
Targeted Milestone Dates:	Complete
· Outage & Energization Plan Issued	Complete
· All Material on Site	Complete
· Outage Permit(s) Approved	Complete
IFC Design Complete	Complete
Start of Construction	Complete
Project ISD	Complete

[6] Regulatory Approvals

The project has been completed.

[7] Risk and Risk Mitigation Plans

Contingency: N/A

Risk Mitigation:

Risk	Mitigation
1. *-N/A-Project Completed*	
2.	
3.	
4.	
5.	

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[8] REFERENCES

References
1. CS00221-TAF-06-14-[redacted]
2.
3.
4.
5.

[9] ATTACHMENTS (One-Line Diagrams, Images, etc.)

Please make sure all attachments provided here are referenced above in the appropriate section of the PAF with the correct attachment number.

Attachment	Included in Submittal?
A. Cost Actuals	*YES*
B. P6 Schedule	*N/A*
C. Constructability Review	*NO*
D. System and Station One-Lines	*YES*
E. F.	

INSTRUCTIONS:
It is the responsibility of the initiator to contact the subject matter experts in the listed area disciplines to determine if the project considerations contained in this list are applicable to their project. They should fill out the checklist and determine a transition plan for the purpose of project execution. See the PAF Guide for additional instruction.

Project Checklist - Transmission & Substation Capital Project			
Project Name: [redacted] E-Mfg Switch Replacement		**Project Number: CS00221**	
Facility Type: ☐BPS ☐BES ☐PTF ☐PTF non-regional ☐non-PTF ☐CIP ☒Distribution ☐General Plant			
PLANNING			
Is a NX-9 required?		No	
Is an ISO-NE PAC presentation required?		No	
ISO-NE Presentation Date (if completed):		Enter Date	
Cost in ISO-NE Presentation ($M) (if completed):		Enter Cost ($M)	
Is a PPA required?		No	
ISO-NE Approval Date (if completed):		Enter Date	
Is a TCA Application Required?		No	
TCA Submittal Date (if submitted):		Enter Date	
Cost in TCA Submittal ($M) (if submitted):		Enter Cost ($M)	
Enter ISO-NE RSP / Asset Condition ID, if assigned:		Enter ISO-NE ID	
PLANNING/PROTECTION & CONTROLS			
Are RAS/SPS/UVLs affected?		No	
OPERATIONS			
Outage Required?	☒ Primary Equipment (Power Transfer)	☐ Secondary Equipment (P&C only)	☐ Outage Not Required
Do SCLL Conditions Exist?		No	
Has an outage schedule been approved?		Yes	
Are Operations & Maintenance procedures/training required?		No	
STANDARDS			
Does the project include standard equipment and designs?		Yes	
SUBSTATION ENGINEERING			
Does this impact Revenue Metering		No	
Is preliminary short circuit/ breaker duty analysis required?		No	
Are there any changes to the baseline audible noise?		No	
Is there an impact to the existing ground grid?		No	
Is a Transient Over Voltage (TOV) analysis required?		No	

Project Checklist - Transmission & Substation Capital Project	
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P&C ENGINEERING	
OP-22 - Are PMUs and DDR required?	No
If BPS, is an NPCC Directory #4 presentation required?	No
Are ISO-NE OP-24 Appendix B updates necessary?	No

TRANSMISSION LINE ENGINEERING	
Are there any changes that affect the baseline EMF?	No
Are there any changes that affect the baseline EMI?	No

SITING	
Is a Siting filing required? *(If yes, list in regulatory approvals section)*	No

PERMITTING	
Is there any permitting required? *(If yes, list in regulatory approvals section)*	No

PROJECT SERVICES (OUTREACH) and ROW WORK COORDINATION	
What is the level of outreach expected?	None
Is any part of this project in an Environmental Justice Community?	No
Has ROW Coordination reviewed this project?	No
Is this project coordinating with other existing scheduled work?	Yes

INITIATOR	
Has a field constructability review been completed?	NR

INVESTMENT RECOVERY	
Does the project require development of an Investment Recovery plan?	No

COST ESTIMATING	
What team/firm prepared the cost estimate?	Other (specify below)
Name of the person who prepared the estimate:	Estimate Not Required
Was the estimate reviewed by Eversource Estimating?	No