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Operations Project Authorization Form

Date Prepared: 07/30/2021	**Project Title:** [redacted] **– Circuit Breaker Automation**
Company: Eversource CT	**Project Number:CS00249**
Organization: Asset Management	**Class(es) of Plant:** D SS
Project Initiator: [redacted]	**Project Category:** Stations - Relays
Project Manager: [redacted]	**Project Type:** Specific
Project Sponsor: [redacted]	**Project Purpose: Automate Feeder Breaker 13A2-2**
Estimated in service date: 12/18/2018	**Capital Investment part of original Oper. Plan:** Yes
Eng./Constr. Resources Budgeted? Yes	**O&M Expenses part of original Oper. Plan:** No
Authorization Type: Full Funding	**Facility Type** (check all that apply)**:** ☐ PTF ☒ non-PTF ☒ Distribution
Total Request: $367K	

Financial Requirements:

Project Authorization

ERM: _____

FP&A: _____

Executive Summary

This project is seeking full funding of $367K for the completed project to [redacted] Eversource CT had an initiative to [redacted] under project number CS00015. [redacted] The initiative objectives are to introduce safety, reliability, and emergency response capabilities. [redacted]

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Project Costs Summary

Note: Dollar values are in thousands

Line item Category	Prior Authorized	Actuals to Date	2021	2022	2023	Total
1. ROW / Easements / Land Acquisition	$	$	$	$	$	$
2. Environmental Approvals / Permits	$	$	$	$	$	$
3. Outreach	$	$	$	$	$	$
4. Siting Approvals / Permits	$	$	$	$	$	$
5. Engineering / Design	$	$17	$	$	$	$17
6. Materials (Eversource purchased)	$	$23	$	$	$	$23
7. Construction (incl matl's by contractors)	$	$61	$	$	$	$61
8. Testing / Commissioning	$	$20	$	$	$	$20
9. Project Mgmt Team	$	$10	$	$	$	$10
10. Removals	$	$	$	$	$	$
11. Other	$	$7	$	$	$	$7
12. Risks	$	$	$	$	$	$
SUBTOTAL DIRECTS W/ RISKS	**$**	**$138**	**$**	**$**	**$**	**$138**
13. Indirects/Overhead	$	$222	$	$	$	$222
14. AFUDC	$	$7	$	$	$	$7
PROJECT TOTAL – BASELINE BUDGET	**$**	**$367**	**$**	**$**	**$**	**$367**
15. Contingency	$	$	$	$	$	$
TOTAL CAPITAL REQUEST	**$**	**$367**	**$**	**$**	**$**	**$367**
16. Reimbursables/Customer Contribution	$	$	$	$	$	$
PROJECT TOTAL (LESS REIMBURSABLES)	**$**	**$367**	**$**	**$**	**$**	**$367**
O&M	$	$	$	$	$	$
TOTAL REQUEST	**$10**	**$367**	**$**	**$**	**$**	**$367**

Note: Other charges attributed to AE – CT_EEO: Employee Expenses.

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Breakout Costs

Note: Dollar values are in thousands

Line item Category	Prior Authorized	Actuals to Date	2020 to Go	2021	2022	2023	Total
ST Labor	$	$94	$	$	$	$	$94
OT Labor	$	$14	$	$	$	$	$14
Outside Services Labor	$	$	$	$	$	$	$
Materials*	$	$23	$	$	$	$	$23
Removals	$	$	$	$	$	$	$
Other	$	$7	$	$	$	$	$7
Indirects	$	$222	$	$	$	$	$222
AFUDC	$	$7	$	$	$	$	$7
TOTAL CAPITAL REQUEST - W/O REIMBURSABLES	**$10**	**$367**	**$**	**$**	**$**	**$**	**$367**

*All materials including Eversource purchased and outside service purchased. Note that outside service purchased material included in construction in project cost summary above.

Future Financial Impacts:

N/A

Provide below the estimated future costs that will result from the project:

Note: Dollar values are in thousands

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

Describe the estimated future Capital, O&M, and/or Other costs noted above:

What functional area(s) will these future costs be funded in?_____

A representative from the respective functional area is required to be included as a project approver.

Provide below the estimated future financial benefits that will result from the project:

Note: Dollar values are in thousands

N/A

Future Benefits	Year 20__	Year 20__	Year 20__	Year 20__+	Total Future Project Benefits
Capital	$ -	$ -	$ -	$ -	$ -
O&M	-	-	-	-	-
Other	-	-	-	-	-
TOTAL	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

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.

Asset Retirement Obligation (ARO) and/ or Environmental Cleanup Costs (Environmental Liabilities):

Is there an ARO associated with this project? If yes, please provide details:

NO

Are there other environmental cleanup costs associated with this project? If yes, please provide details:

NO

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Technical Justification:

Project Need Statement

Eversource CT had an initiative under project CS00015 Distribution Automation to install [redacted] that were not addressed during the Arc Flash program. [redacted]

Project Objectives

[redacted] This will support the following Eversource objectives:

- Safety – [redacted] to be added for line worker protection
- Reliability and Emergency Response
- Commitment to customers and communities

Project Scope

The following work associated with this project was completed [redacted]

[redacted]

[redacted]

[redacted]

Background / Justification

Eversource CT had an initiative to [redacted] This automation initiative meets the NESC and OSHA requirements.

Business Process and / or Technical Improvements

[redacted]

Alternatives Considered with Cost Estimates

Not doing the project is an alternative; however, this would not be in line with the goal of having [redacted]. This alternative was not chosen.

Project Schedule

Milestone/Phase Name	Estimated Date
Preliminary Engineering	September 2017
In Service Date	December 2018

Regulatory Approvals

N/A

Risks and Risk Mitigation Plans

N/A – Project is complete.

Contingency

N/A – Project is complete.

Attachments (One-Line Diagrams, Images, etc.)

- Attachment A – CS00249[redacted] CBA Financial Actuals
- Attachment B – [redacted]One Line

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] – Circuit Breaker Automation			**Project Number: CS00249**	
Facility Type: ☐ BPS ☐ BES ☐ PTF ☐ non-PTF ☐ CIP ☒ Distribution				
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	
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?			NR	
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	
Project Name: [redacted] – Circuit Breaker Automation	**Project Number: CS00249**
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
SITING & CONSTRUCTION SERVICES (OUTREACH)	
What is the level of outreach expected?	None
INITIATOR	
Has a field constructability review been completed?	No
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:	NA
Was the estimate reviewed by Eversource Estimating?	No

Cost estimate: There is no estimate as the work has already been done and financials are actuals.

Cost Estimate Backup Details

Please provide an MS Excel file as an additional detailed cost estimate backup.