Project Authorization Form

Date Prepared: 10/04/2017	Project Title: [redacted]
Company/ies: Eversource CT	Project ID Number: CS00289
Organization: Strategy & Performance	Class(es) of Plant: Distribution
Project Initiator: [redacted]	Project Category: equipment failures
Project Owner/Manager: [redacted]	Project Type: Specific
Project Sponsor: [redacted]	Project Purpose: Replace failed transformer
Estimated in service date: 11/30/17	If Transmission Project: NA
Supplement to Existing Authorization? Full Funding	Capital Investment Part of Original Operating Plan? No
Eng./Constr. Resources Budgeted? No	O&M Expenses Part of the Original Operating Plan? No

Executive Summary

The 45 years old [redacted]

Project Costs Summary

Note: Dollar values are in thousands

	Prior Authorized*	2017	2018	2019+	Total
Capital Additions Direct		1,844	0	0	$1,844
Less Customer Contribution		0	0	0	$0
Removals Net of Salvage 10%		205	0	0	$205
Total - Direct Spending		$2,049	$0	$0	$2,049
Capital Additions - Indirect		446	0	0	$446
Subtotal Request		$2,495	$0	$0	$2,495
AFUDC		5	0	0	$5
Total Request		$2,500	$0	$0	$2,500

** to be completed if supplemental authorization is required*

Financial Evaluation

Direct Capital Costs	2017	2018	2019+	Total
Straight Time Labor	337	0	0	337
Overtime Labor	0	0	0	0
Outside Services	97	0	0	97
Materials	1,600	0	0	1,600
Other, including contingency amounts	15	0	0	15
Total	2,049	0	0	2,049

Indirect Capital Costs	2,017	2018	2019+	Total
Indirects/Overheads (including benefits)	446	0	0	446
Capitalized interest or AFUDC, if any	5	0	0	5
Total	451	0	0	451

Total Capital Costs	2,500	0	0	2,500

Less Total Customer Contribution	0	0	0	0

Total Capital Project Costs	2,500	0	0	2,500

Total O&M Project Costs	0	0	0	0

** to be completed if supplemental authorization is required*