Operations Project Authorization Form

Date Prepared: 9/14/21	Project Title: ISG Switchgear [redacted].
Company/ies: CT - Distribution	Project ID Number:
Organization: Operations Services – Field Training	Class(es) of Plant:
Project Initiator: [redacted]	Project Category:
Project Manager:	Project Type: *Specific / Annual / Prelim Project / Parent*
Project Sponsor: [redacted]	Project Purpose: part of regulatory tracked program?
Estimated in service date: 10/29/21	If Transmission Project: PTF / Non-PTF / NA
Eng. /Constr. Resources Budgeted?	Capital Investment Part of Original Operating Plan?
Authorization Type: Initial Funding / Full Funding	O&M Expenses Part of the Original Operating Plan?
Total Request: $125,000	

Financial Requirements:

Project Authorization

Project authorization must be in accordance with the approval levels included in the Delegation of Authority Policy (DOA).

If Subsidiary Board approval is required, document the review by Enterprise Risk Management (ERM) and Financial Planning and Analysis (FP&A)

ERM: _____

FP&A: _____

Executive Summary – As part of a continued effort to grow and expand the [redacted], we are requesting the purchase of [redacted] and will be a part of the 2022 Two-day OH Refresher.

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

	Prior Authorized	2021	20__	20__+	Totals
Capital Additions - Direct	$ -	$ 125,000	$ -	$ -	
Less Customer Contribution	-	-	-	-	-
Removals net of Salvage ____%	-	-	-	-	-
Total - Direct Spending	$ -	$ 125,000	$ -	$ -	$ -
Capital Additions - Indirect	-	-	-	-	-
Subtotal Request	$ -	$ 125,000	$ -	$ -	$ 125,000
AFUDC	-	-	-	-	-
Total Capital Request	$ -	$ 125,000	$ -	$ -	$ 125,000
O&M	-	-	-	-	-
Total Request	$ -	$ 125,000	$ -	$ -	$ 125,000

Financial Evaluation

Provide the following financial information (attach additional detail if summarized items are significant or additional information is needed). Note: Dollar values are in thousands

Direct Capital Costs	Year 1	Year 2	Year 3+	Total
Straight Time Labor				
Overtime Labor				
Outside Services				
Materials	$125,000			
Other, including contingency amounts (describe)				
Total				

Indirect Capital Costs	Year 1	Year 2	Year 3+	Total
Indirects/Overheads (including benefits)				
Capitalized interest or AFUDC, if any				
Total				

Total Capital Costs	$125,000			
Less Total Customer Contribution				
Total Capital Project Costs	$125,000			
Total O&M Project Costs				

Note: Explain unique payment provisions, if applicable

If this is a new business project, is a customer contribution required? If yes, please note the contribution amount.

In addition, for all electric and gas growth / new business projects, please attach the CIAC calculation

Provide other financial documentation as warranted by management and / or regulatory precedent. When performing financial analysis, use appropriate discount rate by company (can be provided by Budgeting and Internal Reporting or Financial Planning and Analysis).

Future Financial Impacts:

Provide below the estimated future costs that will result from the project:
Note: Dollar values are in thousands:

Future Costs	Year 20__	Year 20__	Year20__	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.

If this is other than a Reliability Project, please complete the section below;

Provide below the estimated financial benefits that will result from the project:
Note: Dollar values are in thousands:

Future Benefits	Year 20__	Year 20__	Year20__	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):

An ARO is a current legal obligation to remove or retire property, plant or equipment at some point in the future. Please refer to APS8 or contact Plant Accounting for further detail.

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

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

Operations Technical Authorization Form

Technical Justification:

Project Need Statement *(Description of Issue)*

N/A

Project Objectives

Project Scope

Background / Justification

Business Process and / or Technical Improvements:
Quantitative and qualitative project benefits, including assumptions used to estimate benefits and customer impacts; describe the changes in performance to the business process or technology performance metrics that can be expected as a result of this project

Cost Estimate and Assumptions

Alternatives Considered with Cost Estimates

Project Schedule
Describe the project schedule and milestones. Include estimated start and end dates.

Milestone/Phase Name	Estimated Completion Date

Regulatory Approvals

Risks and Risk Mitigation Plans
Describe the applicable risks and associated risk mitigation plans: e.g., construction, customer, reputational, schedule, financial, regulatory, environmental and IT risks. Indicate discussions with relevant subject matter experts.

References

One-Line Diagrams, Attachments, and Images