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Operations Project Authorization Form

Date Prepared: 10/14/2021	**Project Title: DSCADA System Resiliency –** [redacted]
Company: Eversource CT	**Project Number:** [redacted]
Organization: Distribution Engineering	**Class(es) of Plant:** Telecom
Project Initiator: [redacted]	**Project Category:** Stations - Telecommunications
Project Manager: [redacted]	**Project Type:** Specific
Project Sponsor: [redacted]	**Project Purpose: DSCADA Radio Expansion**
Estimated in service date: 12/31/2021	**Capital Investment part of original Oper. Plan:** Yes
Eng./Constr. Resources Budgeted? Yes	**O&M Expenses part of original Oper. Plan:** N/A
Authorization Type: Full Funding	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF ☐ Distribution
Total Request: 140K	

Financial Requirements:

Project Authorization

ERM: _____

FP&A: _____

Executive Summary

[redacted]

[redacted]

(*Actual Unit counts that are within the coverage of the new proposed Union location are provided in a table located in the Technical Justification Section*)

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Project Costs Summary

Note: Dollar values are in thousands

Line item Category	Prior Authorized	Actuals to Date	2021	2022	2023	2024	2025	Total
1. ROW / Easements / Land Acquisition					$	$	$	
2. Environmental Approvals / Permits					$	$	$	
3. Outreach					$	$	$	
4. Siting Approvals / Permits					$	$	$	
5. Engineering / Design	$4	$5			$	$	$	$5
6. Materials (Eversource purchased)			$66	$20	$	$	$	$86
7. Construction (incl matl's by contractors)				$10	$	$	$	$10
8. Testing / Commissioning				$2	$	$	$	$2
9. Project Mgmt Team	$17	$1	$3	$3	$	$	$	$7
10. Removals					$	$	$	
11. Other					$	$	$	
12. Risks					$	$	$	
SUBTOTAL DIRECTS W/ RISKS	$20	$6	$68	$35	**$**	**$**	**$**	$110
13. Indirects/Overhead	$18		$6	$14	$	$	$	$20
14. AFUDC	$1				$	$	$	
PROJECT TOTAL – BASELINE BUDGET	$40	$6	$75	$49	**$**	**$**	**$**	$130
15. Contingency	$4		$5	$5	$	$	$	$10
TOTAL CAPITAL REQUEST	$44	$6	$80	$54	**$**	**$**	**$**	$140
16. Reimbursables/Customer Contribution					$	$	$	
PROJECT TOTAL (LESS REIMBURSABLES)	$44	$6	$80	$54	**$**	**$**	**$**	$140
O&M					$	$	$	
TOTAL REQUEST	$44	$6	$80	$54	**$**	**$**	**$**	$140

Note: Explain unique payment provisions, if applicable: *Provide a detailed breakdown of Other costs here.*

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Breakout Costs

Note: Dollar values are in thousands

Line item Category	Prior Authorized	Actuals to Date	2021	2022	2023	2024	2025	Total
ST Labor	$4	$5		$12	$	$	$	$17
OT Labor					$	$	$	
Outside Services Labor	$17	$1	$3	$3	$	$	$	$7
Materials*			$66	$20	$	$	$	$86
Removals					$	$	$	
Other	$4		$5	$5	$	$	$	$10
Indirects	$18		$6	$14	$	$	$	$20
AFUDC	$1				$	$	$	
TOTAL CAPITAL REQUEST - W/O REIMBURSABLES	$44	$6	$80	$54	**$**	**$**	**$**	$140

*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:

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? _N/A_____
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

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? ___N/A_____
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:
N/A

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

No environmental costs

[redacted]

[redacted]

[redacted]



[redacted]

Project Objectives

[redacted]

[redacted]

Project Scope

[redacted] [redacted] **Buildout**

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

Background / Justification

[redacted]

[redacted]

Business Process and / or Technical Improvements:

[redacted]

- [redacted]
- [redacted]
- [redacted]

Project Schedule

Milestone/Phase Name	Estimated Completion Date
Engineering Design Complete	8/25/2021
Presentation and approval for full funding	10/20/2021
Purchase Equipment Complete	11/05/2021
Equipment Installation – Start	01/25/2022
Test & Commissioning	2/01/2022
Base station In-service and commissioning	2/15/2022
Equipment Installation Remotes - Complete	03/30/2022 – 08/30/2022
Project Over all completion	09/30/2022

Regulatory Approvals
N/A

Risks and Risk Mitigation Plans

- Due to the engineering being complete there are no anticipated financial risks at this time.
- Schedule risks may occur due to resource constraints as a result of other SCADA projects, such as eECS Connecticut.
- **Supply chain constraints**: Possible delays in receiving the equipment can lead to delayed installation. ES is considering alternative parts and spares that can be used to mitigate delays.

References

Appendix



Figure 1: *Coverage Map of the [redacted] (Coverage (GREEN) showing DSCADA (Red) device)*



***Figure 2*:**

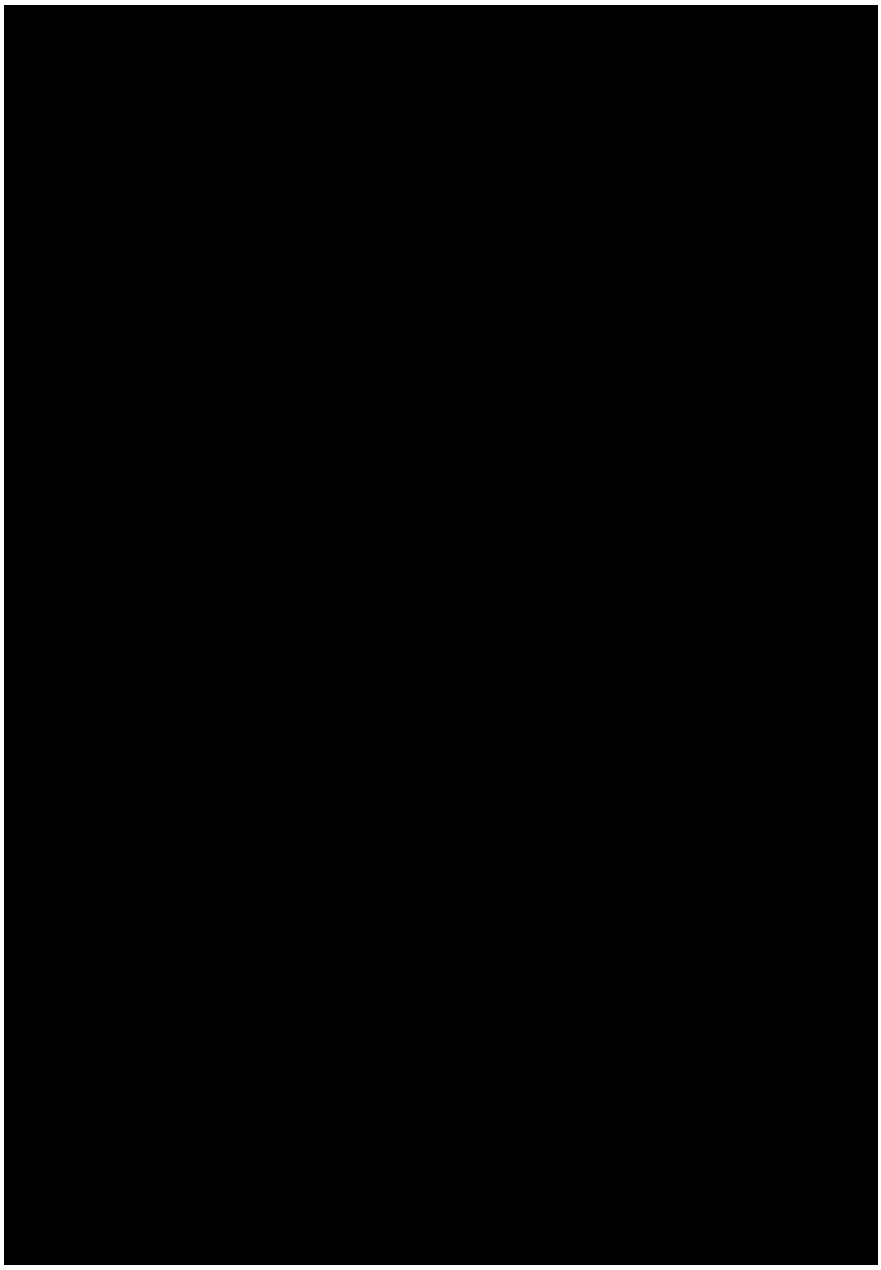

***Figure 3**:* [redacted]



Figure 4: [redacted]

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:		**Project Number:**		
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?		Choose an item		
Has an outage schedule been approved?		Choose an item		
Are Operations & Maintenance procedures/training required?		Choose an item		
STANDARDS				
Does the project include standard equipment and designs?		No		
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:	**Project Number:**
P&C ENGINEERING	
OP-22 - Are PMUs and DDR required?	Choose an item
If BPS, is an NPCC Directory #4 presentation required?	Choose an item
Are ISO-NE OP-24 Appendix B updates necessary?	Choose an item
TRANSMISSION LINE ENGINEERING	
Are there any changes that affect the baseline EMF?	Choose an item
Are there any changes that affect the baseline EMI?	Choose an item
SITING	
Is a Siting filing required? *(If yes, list in regulatory approvals section)*	Choose an item
PERMITTING	
Is there any permitting required? *(If yes, list in regulatory approvals section)*	Choose an item
SITING & CONSTRUCTION SERVICES (OUTREACH)	
What is the level of outreach expected?	Choose an item
INITIATOR	
Has a field constructability review been completed?	Choose an item
INVESTMENT RECOVERY	
Does the project require development of an Investment Recovery plan?	Choose an item
COST ESTIMATING	
What team/firm prepared the cost estimate?	Estimate was prepared by Eversource Engineering
Name of the person who prepared the estimate:	
Was the estimate reviewed by Eversource Estimating?	No

Cost Estimate Backup Details

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