Supplement Request Form

Date Prepared: **4/19/2021**	Project Title: **CT Training Annual Capital Project**
Company/Companies: **CL+P - Distribution**	Project ID Number: **CTTRN19**
Organization: **Technical Training (R04)**	Plant Class/(F.P.Type): **Material**
Project Initiator: [redacted]	Project Type: ***Annual Program***
Project Manager: [redacted]	Capital Investment Part of Original Operating Plan? **Y**
Project Sponsor: [redacted]	O&M Expenses Part of the Original Operating Plan? **N**
Current Authorized Amount: **$63,000**	Estimated in service date(s): **12-31-2019**
Supplement Request: **$464,799**	Other:
Total Request: **$527,799**	

Supplement Justification

Supplement Request Forms must be completed for projects in accordance with the Project Authorization Policy and approval levels in the Delegation of Authority Policy (DOA) as follows:

For Corporate Shared Services Projects:
For projects $500K to $10M - An increase in total authorized cost > 15% or;
For projects > $10M - An increase in total authorized cost > $1.5M

For Distribution Operations Projects:
For projects <= $250K - An increase in direct costs >= $25K or;
For projects >$250K - An increase in direct costs >10%

For Transmission Operations Projects:
For projects <= $500K – An increase in total authorized cost >= $75K
For projects $500K to $16.5M- An increase in total authorized cost > 15% or;
For projects > $16.5M - An increase in total authorized cost > $2.5M

Justification for Additional Resources

The initial authorized amount of $63,000 was included in the 2018 capital plan. The additional funding of $464,799 is requested by the Training Organization to accept the charges that further the advancement of apprentice training. Line kits were purchased to outfit trucks used for the apprentice Field Training program. Other tools and equipment were purchased to equip instructors, leaders and apprentices to complete training exercises and jobs in the training yard and field. By accepting these charges, it will cause the CTTRN19 project to exceed the original budget of $63,000.

In addition, please attach a copy of the prior authorized PAF as reference

Training 2019 PAF.docx

Supplement Cost Summary

Note: Dollar values are in thousands:

	Prior Authorized	Supplement Request	Total
Capital Additions - Direct	$ 63	$ 398	$ 461
Less Customer Contribution	-	-	-
Removals net of Salvage ____%	-	-	-
Total Direct Spending	$ 63	$ 398	$ 461
Capital Additions - Indirect	-	67	67
AFUDC	-	-	-
Total Capital Request	$ 63	$ 465	$ 528

Note: Dollar values are in thousands:

	Year 2019	Year 2020	Year 2021	Total
Capital Additions - Direct	$ 438	$ 23	$ 1	$ 461
Less Customer Contribution	-	-	-	-
Removals net of Salvage ____%	-	-	-	-
Total Direct Spending	$ 438	$ 23	$ 1	$ 461
Capital Additions - Indirect	62	5	0	67
AFUDC	0	-	-	0
Total Capital Request	$ 499	$ 28	$ 1	$ 528
O&M	-	-	-	-
Total Request	**$ 499**	**$ 28**	**$ 1**	**$ 528**