Supplement Request Form

Date Prepared: 08/09/2021	**Project Title:** [redacted]
Company/Companies: Eversource	**Project ID Number:** CD00804
Organization: Electric Distribution	**Plant Class/(F.P.Type):** Distribution
Project Initiator: [redacted]	**Project Type:** Specific
Project Manager: [redacted]	**Capital Investment Part of Original Operating Plan?**
Project Sponsor: [redacted]	**O&M Expenses Part of the Original Operating Plan?**
Current Authorized Amount: $591,631	**Estimated in service date(s):** 12/01/2018
Supplement Request: $189,987	**Other:**
Total Request: $781,618	

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:

Justification for Additional Resources

CD00804 was presented and approved for $591,631 to [redacted]. The cost variation is mainly due to labor and associated indirect costs. This was not considered in the initial estimate of $591,631 to complete the project. The additional request amount to compete project is $189,987. See attached PAF document.

CD00804 TAF rev.4.doc

Supplement Cost Summary

Note: Dollar values are in thousands:

	Prior Authorized	Supplement Request	Total
Capital Additions - Direct	$ 389	$ 125	$ 514
Less Customer Contribution	-	-	-
Removals net of Salvage ____%	-	-	-
Total Direct Spending	$ 389	$ 125	$ 514
Capital Additions - Indirect	161	52	213
AFUDC	41	13	54
Total Capital Request	$ 591	$ 190	$ 781
O&M	0	0	1
Total Request	**$ 592**	**$ 190**	**$ 782**

Note: Dollar values are in thousands:

Total Supplement Request by year view:

	Year 20__	Year 20__	Year 20__+	Total
Capital Additions - Direct	$ -	$ -	$ -	$ 125
Less Customer Contribution	-	-	-	-
Removals net of Salvage ____%	-	-	-	-
Total Direct Spending	$ -	$ -	$ -	$ 125
Capital Additions - Indirect	-	-	-	52
AFUDC	-	-	-	13
Total Capital Request	$ -	$ -	$ -	$ 190
O&M	-	-	-	0
Total Request	**$ -**	**$ -**	**$ -**	**$ 190**