EVERSOURCE

Supplement Authorization Form

Project Title: [redacted] **Getaway Relocation**	**Project Number: CD00864**
Date Prepared: 04/29/2026	**Company:** Eversource CT
Organization: Distribution Engineering	**Project Category:** UG CABLE & EQUIPMNT REPLACEMNT
Initiating Organization: Distribution	**Project Type:** Specific
Project DDE: [redacted]	**Capital Investment part of 5-year plan?** Yes
Project Manager: [redacted]	**Emergency Related Request?** No
Project Sponsor: [redacted]	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF ☒ Distribution ☐ N/A (General Plant)
Current Authorized Amount: $175.0k	**Approved In-Service Date:** 12/30/17
Supplement Request: $18.3k	**Estimated In-Service Date:** 12/30/17
Total Capital Request: $193.4k	
	Reason: Cost Overage

1. Project Background

[redacted]

2. Supplement Justification Overview

This supplement is required due to the Direct costs increasing due to outside services.

3. Supplement Justification Detail

Original scope was estimated to utilize internal resources, but contractors were used to complete this project.

4. Supplement Cost Summary (Project Total)

Line-item Category	To Date Spend Year(s)	Prior Authorized Year(s)	Variance (Supplemental Request) Year(s)	New Total Request (Add Prior Authorized and Variance) Year(s)
Internal Labor and Construction Equipment	10.3	27.4	-18.7	8.7
Outside Services	87.8	5.4	68.6	73.9
Materials	59.1	68.3	-18.6	49.7
Removals	0.0	0.0	24.9	24.9
Risk and Contingency	3.8	0.0	3.8	3.8
Other	0.3	0.0	0.2	0.2
SUBTOTAL DIRECTS W/ RISKS	**161.2**	**101.1**	**60.1**	**161.2**
Indirect / Overhead (including benefits)	31.8	73.4	-41.6	31.8
AFUDC	0.4	0.6	-0.2	0.4
Subtotal – Indirect Costs	**32.2**	**74.0**	**-41.8**	**32.2**
TOTAL CAPITAL REQUEST	**193.4**	**175.0**	**18.3**	**193.4**
Reimbursables/Customer Contribution	**0.0**	**0.0**	**0.0**	**0.0**
PROJECT TOTAL (LESS REIMBURSABLES)	**193.4**	**175.0**	**18.3**	**193.4**

New Total Request by Year (if applicable)

Note: If multi-year project, include actuals for current and years past, and then show forecasted spend for upcoming years.

Line-item Category	2017	2018	2019	Total
Internal Labor and Construction Equipment	8.6	0.1	0.0	8.7
Outside Services	73.7	0.6	-0.3	73.9
Materials	49.6	0.4	-0.2	49.7
Removals	24.1	0.2	0.6	24.9
Risk and Contingency	0.0	0.0	3.8	3.8
Other	0.2	0.0	0.0	0.2
SUBTOTAL DIRECTS W/ RISKS	**156.2**	**1.2**	**3.8**	**161.2**
Indirect / Overhead (including benefits)	31.9	0.6	-0.7	31.8
AFUDC	3.9	4.6	-8.1	0.4
Subtotal – Indirect Costs	**35.7**	**5.2**	**-8.8**	**32.2**
TOTAL CAPITAL REQUEST	**191.9**	**6.4**	**-5.0**	**193.4**
Reimbursables/Customer Contribution	0.0	0.0	0.0	**0.0**
PROJECT TOTAL (LESS REIMBURSABLES)	**191.9**	**6.4**	**-5.0**	**193.4**

5. Lessons Learned

Project Authorization Form

Date Prepared: 8/25/17	Project Title: [redacted] Getaway Cables
Company/ies: Eversource	Project ID Number:CD00864
Organization: Ct	Class(es) of Plant: Distribution
Project Initiator: [redacted]	Project Category: Cable Replacement
Project Owner/Manager: [redacted]	Project Type: S/S Work For Transmission
Project Sponsor: [redacted]	Project Purpose: part of regulatory tracked program? No
Estimated in service date: 12/30/2017	If Transmission Project: WO#404344HG
Supplement to Existing Authorization? N	Capital Investment Part of Original Operating Plan? Y
Eng./Constr. Resources Budgeted? Y	O&M Expenses Part of the Original Operating Plan? Y

Project Authorization

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

If Chief Executive Officer or subsidiary board approval is required, document the review by Enterprise Risk Management (ERM) and Financial Planning and Analysis (FP&A)

ERM: _____

FP&A: _____

[redacted]

Project Objectives

- [redacted]

Project Scope

- [redacted]

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.*

Supplement Authorization Form

Note: Dollar values are in thousands

	Prior Authorized*	Additional Request	2017**	2018+	Total
Capital Additions Direct	0	0	$99,416	0	$99,416
Less Customer Contribution	0	0	$0	0	$0
Removals Net of Salvage	0	0	$1,654	0	$1,654
Total - Direct Spending	$0	$0	$101,070	$0	$101,070
Capital Additions - Indirect	0	0	$73,353	0	$73,353
AFUDC	0	0	$624	0	$624
Total Capital Request	$165,855	$9,192	$175,047	$0	$175,047
O&M	$0	$0	$0	$0	$0
Total Request	**$165,855**	**$ 9,192**	**$175,047**	**$0**	**$175,047**

** to be completed if supplemental authorization is required*

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	2017	2018	2019	Total
Straight Time Labor	$ 27,389	0	0	$27,389
Overtime Labor		0	0	
Outside Services	$ 5,375	0	0	$5,375
Materials	$ 68,307	0	0	$68,307
Other, including contingency amounts	$	0	0	$
Total	$ 101,070	$0	$0	$101,070

Indirect Capital Costs	2017	2018	2019	Total
Indirects/Overheads (including benefits)	$73,353	0	0	$73,353
Capitalized interest or AFUDC, if any	$624	0	0	$624
Total	$73,977	0	0	$73,977

Total Capital Costs	$175,047	0	0	$175,047
Less Total Customer Contribution	$ -	0	0	$ -
Total Capital Project Costs	$175,047	0	0	$175,047
Total O&M Project Costs	$ -	0	0	$ -
Total Project Cost	$175,047	0	0	$175,047

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).



TAF CD00864 Relocated [redacted] an



CD00864 ACT Relocate Green Hill