Supplement Request Form

Date Prepared: 02/14/2019	Project Title: [redacted] Overload
Company/Companies: CL+P	Project ID Number: CD009337
Organization: CT Field Operations	Plant Class/(F.P.Type): Distribution
Project Initiator: [redacted]	Project Type: Specific
Project Owner/Manager: [redacted]	Project Category: Overload
Project Sponsor: [redacted]	Project purpose: Resolve Overload Issues
Current Authorized Amount: $1,911K	Estimated in service date(s): 12/31/2018
Supplement Request: $1,770K	
Total Request: $3,681K	

Project Authorization Supplement Justification

[redacted]

Project Need Statement

[redacted]

[redacted]

Project Scope

[redacted]

Primary Reasons for Increase in Funding

[redacted]

Appendix 4
Supplement Request Form



Project Authorization Supplement Cost Summary

Supplement (dollars in thousands)

	Prior Authorized	Supplemental Request	Total	Total excl Cust Cont
Capital Additions - Direct	$ 1,147	$ 960	$ 2,107	$ 2,107
Less Customer Contribution	-	-	-	-
Removals new of Salvage _____%	-	-	-	-
Total Direct Spending	$ 1,147	$ 960	$ 2,107	$ 2,107
Capital Additions - Indirect	764	810	1,574	1,574
AFUDC	-	-	-	-
Total Capital Request	$ 1,911	$ 1,770	$ 3,681	$ 3,681
O&M	-	-	-	-
Total Request	**$ 1,911**	**$ 1,770**	**$ 3,681**	**$ 3,681**

Total Supplement Request by year view:

	Prior/2018	2019	2020	Total
Capital Additions - Direct	$ 2,107	$ -	$ -	$ 2,107
Less Customer Contribution	-	-	-	-
Removals new of Salvage _____%	-	-	-	-
Total Direct Spending	$ 2,107	$ -	$ -	$ 2,107
Capital Additions - Indirect	1,574	-	-	1,574
AFUDC	-	-	-	-
Total Capital Request	$ 3,681	$ -	$ -	$ 3,681
O&M	-	-	-	-
Total Request	**$ 3,681**	**$ -**	**$ -**	**$ 3,681**