EVERSOURCE

Supplement Authorization Form

Project Title: [redacted] **Smart Switches**	**Project Number: CD01171**
Date Prepared: 04/29/2026	**Company:** Eversource CT
Organization: Distribution Engineering	**Project Category:** SMART SWITCHES PROGRAM
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: $125.0k	**Approved In-Service Date:** 12/31/19
Supplement Request: $102.8k	**Estimated In-Service Date:** 12/31/19
Total Capital Request: $227.8k	
	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 and materials.

3. Supplement Justification Detail

Contractor labor increased due to setting Frontier poles. Materials increased due to supplying Frontier poles.

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	6.4	14.0	-8.0	6.0
Outside Services	61.8	10.0	48.6	58.6
Materials	71.1	52.0	15.5	67.5
Removals	0.0	0.0	7.2	7.2
Risk and Contingency	4.5	0.0	4.5	4.5
Other	0.1	0.0	0.1	0.1
SUBTOTAL DIRECTS W/ RISKS	**143.8**	**76.0**	**67.8**	**143.8**
Indirect / Overhead (including benefits)	83.1	48.0	35.1	83.1
AFUDC	0.8	1.0	-0.2	0.8
Subtotal – Indirect Costs	**83.9**	**49.0**	**34.9**	**83.9**
TOTAL CAPITAL REQUEST	**227.8**	**125.0**	**102.8**	**227.8**
Reimbursables/Customer Contribution	**0.0**	**0.0**	**0.0**	**0.0**
PROJECT TOTAL (LESS REIMBURSABLES)	**227.8**	**125.0**	**102.8**	**227.8**

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	2018	2019	Total
Internal Labor and Construction Equipment	6.0	6.0	6.0
Outside Services	57.9	58.6	57.9
Materials	66.7	67.5	66.7
Removals	7.1	7.2	7.1
Risk and Contingency	4.5	4.5	4.5
Other	0.1	0.1	0.1
SUBTOTAL DIRECTS W/ RISKS	**142.2**	**143.8**	**142.2**
Indirect / Overhead (including benefits)	2.8	80.3	83.1
AFUDC	0.0	0.8	0.8
Subtotal – Indirect Costs	**2.8**	**81.1**	**83.9**
TOTAL CAPITAL REQUEST	**4.4**	**223.3**	**227.8**
Reimbursables/Customer Contribution	0.0	0.0	**0.0**
PROJECT TOTAL (LESS REIMBURSABLES)	**4.4**	**223.3**	**227.8**

5. Lessons Learned

Operations Project Authorization Form

Date Prepared: 8/31/2018	**Project Title: [redacted] Smart Switches**
Company/ies: CT	**Project ID Number: CD01171**
Organization: Electric	**Class(es) of Plant: Distribution**
Project Initiator: [redacted]	**Project Category: Smart Switches**
Project Manager: [redacted]	**Project Type: Specific**
Project Sponsor: [redacted]	**Project Purpose: Reduce 1,032 cust in zone**
Estimated in-service date: 12/31/2019	**If Transmission Project: PTF? NA**
Eng. /Constr. Resources Budgeted? No	**Capital Investment Part of Original Operating Plan?**
Authorization Type: Initial Funding	**O&M Expenses Part of the Original Operating Plan?**
Total Request: $130.198	

Financial Requirements:

Project Authorization
ERM: _____

FP&A: _____

Executive Summary

[redacted] which is ranked #4.

Project Costs Summary
Note: Dollar Values are in thousands

	Prior Authorized	20__	20__	20__+	Totals
Capital Additions - Direct	$0	$74	$0	$0	$74
Less Customer Contribution	$0	$0	$0	$0	$0
Removals net of Salvage ____%	$0	$2	$0	$0	$2
Total - Direct Spending	$0	$76	$0	$0	$76
Capital Additions - Indirect	$0	$48	$0	$0	$48
Subtotal Request	$0	$124	$0	$0	$124
AFUDC	$0	$1	$0	$0	$1
Total Capital Request	$0	$125	$0	$0	$125
O&M	$0	$5	$0	$0	$5

Total Request	$0	$130	$0	$0	$130

Financial Evaluation

Note: Dollar Values are in thousands

Direct Capital Costs	Year 1	Year 2	Year 3+	Total
Straight Time Labor	$11	$0	$0	$11
Overtime Labor	$3	$0	$0	$3
Outside Services	$10	$0	$0	$10
Materials	$52	$0	$0	$52
Other, including contingency amounts (describe)	$0	$0	$0	$0
Total Direct Costs	**$76**	**$0**	**$0**	**$76**

Indirect Capital Costs	Year 1	Year 2	Year 3+	Total
Indirects/Overheads (including benefits)	$48	$0	$0	$48
Capitalized interest or AFUDC, if any	$1	$0	$0	$1
Total Indirect Costs	**$49**	**$0**	**$0**	**$49**
Total Capital Costs	**$125**	**$0**	**$0**	**$125**
Less Total Customer Contribution	**$0**	**$0**	**$0**	**$0**
Total Capital Project Costs	**$125**	**$0**	**$0**	**$125**
Total O&M Project Costs	**$5**	**$0**	**$0**	**$5**

Total Project Cost	**$ 130**	**$ -**	**$ -**	**$ 130**

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__	Year20__	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?_____
A representative from the respective functional area is required to be included as a project approver.

If this is other than a Reliability Project, please complete the section below;

Provide below the estimated financial benefits that will result from the project:
Note: Dollar values are in thousands:

Future Benefits	Year 20__	Year 20__	Year20__	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?_____
A representative from the respective functional area is required to be included as a project approver.

Technical Justification:

Project Need Statement

[redacted]

Project Objectives:

The goal of the Smart Switch Program is to reduce the number of customers exposed to an outage event. This project proposed to install two new smart switches to break up the [redacted]

Project Scope:

[redacted]

Background / Justification

Large customer zone of[redacted]

Business Process and / or Technical Improvements:

This proposal will improve the MBI metric by reducing the number of customers at risk in a zone. This upgrade allows for better system visibility, faster restoration, outage isolation and reconfiguration of the system during planned and unplanned switching events.

Alternatives Considered with Cost Estimates

Leave as is.

Project Schedule

Milestone / Phase Name	Estimated Completion Date
Prelininary Engineering	9/30/2018
Detail Design	10/31/2018
Construction	12/31/2018

Regulatory Approvals
None

Risks and Risk Mitigation Plans

Risk Event	Risk Horizon	Likelihood of Occurrence	Risk Mitigation
Actual cost higher than estimated due to scope changes.	2018	Low	Included contingency costs in the funding request. Perform detailed Field Analysis and walk down in project development to avoid potential issues.
Customer Permission / Siting Council / Municipal approvals	2018	Low	Design to minimize customer impact. Project Preplanning and customer/community outreach
Internal construction resources not available to perform the work.	2018	Low	Plan internal resources to perform the work. Use competitive bidding to ensure lowest outside labor cost.
Internal engineering resources not available to perform the work.	2018	Low	Plan internal resources to perform the work. Use competitive bidding to ensure lowest outside labor cost.
Storm delays	2018	Low	If storm activity delays work, we may be forced to use external resources.
System abnormal configuration	2018	Low	Schedule work to minimize system abnormal time. Install temporary bypasses/equipment if system will be abnormal for extended periods

References
none

Attachments (One-Line Diagrams, Images, etc.)


NEW LOAD FORM
[redacted]Smart Switch Pr


[redacted] before.vsd


[redacted]proposed.vsd