EVERSOURCE

Supplement Authorization Form

Project Title: [redacted] ***_New DB Loop***	**Project Number: CD01257**
Date Prepared: 04/10/2026	**Company:** Eversource CT
Organization: Distribution Engineering	**Project Category:** DB CABLE REPLACE-SPECIFIC PROJ
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: $187.0K	**Approved In-Service Date:** 09/01/19
Supplement Request: $27.5K	**Estimated In-Service Date: 12/31/20**
Total Capital Request: $214.5K	**Authorization Type:** Supplement Request
	Reason: Cost Overage

1. Project Background

Project CD01257 was developed to address the [redacted]

This supplemental authorization addresses a minor change in project scope required to complete the DB loop. The scope adjustment includes additional internal labor and external resources necessary to perform civil work, including trenching and rock drilling, to support the installation of new underground equipment.

Therefore, the supplemental request for this project is $27.5, which includes additional out-of-scope work for a total capital cost of $214.5K. All WOs are closed.

2. Supplement Justification Overview

The following are reasons for the budget being over the authorized amount:

a. Small change in scope
b. Additional internal labor and outside resources.

3. Supplement Cost Summary (Project Total)

Capital Costs	To Date Spend	Prior Authorized	Supplemental Request	Total Request
Internal Labor and Construction Equipment	24.0	22.0	0.5	22.5
Outside Services	91.1	15.0	70.5	85.5
Materials	22.5	77.0	-55.9	21.1
Removals	0.0	0.0	8.5	8.5
Risk and Contingency	4.2	0.0	4.2	4.2
Other	0.5	0.0	0.5	0.5
Subtotal	**142.3**	**114.0**	**28.3**	**142.3**

Indirect Capital Costs	To Date Spend	Prior Authorized	Supplemental Request	Total Request
Indirects/Overheads (including benefits)	71.6	71.0	0.6	71.6
Capitalized interest or AFUDC, if any	0.6	2.0	-1.4	0.6
Subtotal	**72.2**	**73.0**	**-0.8**	**72.2**
Total Capital Costs (Gross)	**214.5**	**187.0**	**27.5**	**214.5**
Less Total Customer Contribution	**0.0**	**0.0**	**0.0**	**0.0**
Project Costs (Net of Reimbursement)	**214.5**	**187.0**	**27.5**	**214.5**

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.

Capital Costs	2019	2020	TOTAL
Internal Labor & Equipment	22.2	0.3	22.5
Outside Services	84.3	1.2	85.5
Materials	20.8	0.3	21.1
Removals	8.1	0.4	8.5
Risk and Contingency	0.0	4.2	4.2
Other	0.5	0.0	0.5
SUBTOTAL Direct Cost	**135.9**	**6.4**	**142.3**
Indirects / Overheads	75.0	-3.4	71.6
AFUDC	0.6	0.0	0.6
SUBTOTAL Indirect Cost	**75.6**	**-3.4**	**72.2**
TOTAL Capital Request	**211.5**	**3.0**	**214.5**
Less Total Customer Contribution	0.0	0.0	**0.0**
TOTAL Project Cost	**211.5**	**3.0**	**214.5**

5. Lessons Learned

Operations Project Authorization Form

Date Prepared: February 7, 2019	**Project Title:** [redacted]_Create DB Loop
Company/ies: Eversource-CT	**Project ID Number:** CD01257
Organization: Distribution Engineering & Design	**Class(es) of Plant:** Distribution
Project Initiator: [redacted]	**Project Category:** Line
Project Manager: [redacted]	**Project Type:** DB Cable Replacement
Project Sponsor: [redacted]	**Project Purpose:** Create a DB Loop to Minimize Affected Customers & Outage Time
Estimated in service date: September 1, 2019	**If Transmission Project: PTF?**
Eng. /Constr. Resources Budgeted? No	**Capital Investment Part of Original Operating Plan?** Yes
Authorization Type: ENG	**O&M Expenses Part of the Original Operating Plan?** Yes
Total Request: $194K	

Financial Requirements:

Project Authorization

ERM: _____

FP&A: _____

Executive Summary

During [redacted]

Project Costs Summary

Note: Dollar values are in thousands

	Prior Authorized	20__	20__	20__+	Totals
Capital Additions - Direct	$0	$111	$0	$0	$111
Less Customer Contribution	$0	$0	$0	$0	$0
Removals net of Salvage ____%	$0	$3	$0	$0	$3
Total - Direct Spending	$0	$113	$0	$0	$113
Capital Additions - Indirect	$0	$71	$0	$0	$71
Subtotal Request	$0	$184	$0	$0	$184
AFUDC	$0	$2	$0	$0	$2
Total Capital Request	$0	$187	$0	$0	$187
O&M	$0	$7	$0	$0	$7
Total Request	$0	$194	$0	$0	$194

Financial Evaluation

Note: Dollar values are in thousands

Direct Capital Costs	Year 1	Year 2	Year 3+	Total
Straight Time Labor	$17	$0	$0	$17
Overtime Labor	$5	$0	$0	$5
Outside Services	$15	$0	$0	$15
Materials	$77	$0	$0	$77
Other, including contingency amounts (describe)	$0	$0	$0	$0
Total Direct Costs	**$113**	**$0**	**$0**	**$113**

Indirect Capital Costs	Year 1	Year 2	Year 3+	Total
Indirects/Overheads (including benefits)	$71	$0	$0	$71
Capitalized interest or AFUDC, if any	$2	$0	$0	$2
Total Indirect Costs	**$73**	**$0**	**$0**	**$73**
Total Capital Costs	**$187**	**$0**	**$0**	**$187**
Less Total Customer Contribution	**$0**	**$0**	**$0**	**$0**
Total Capital Costs	**$187**	**$0**	**$0**	**$187**
Total O&M Project Costs	**$7**	**$0**	**$0**	**$7**

Total Project Cost	**$194**	**$ -**	**$ -**	**$194**

Note: Explain unique payment provisions, if applicable

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.

Asset Retirement Obligation (ARO) and/ or Environmental Cleanup Costs (Environmental Liabilities):

Is there an ARO associated with this project? If yes, please provide details:

Are there other environmental cleanup costs associated with this project? If yes, please provide details:

Technical Justification:

Project Need Statement

[redacted]

Project Objectives

[redacted]

Project Scope

[redacted]

Project Scope (Cont'd)

[redacted]

Background / Justification

[redacted]

Business Process and / or Technical Improvements:

[redacted]

Alternatives Considered with Cost Estimates

None

Project Schedule

Milestone/Phase Name	Estimated Completion Date
ENG Approval	January 2019
ACT Approval	May 2019
Start of Construction	June 2019
End of Construction	August 2019

Regulatory Approvals

None

Risks and Risk Mitigation Plans

- [redacted]
- [redacted]

References

DSEM 08.311
DSEM07.221
DSEM 07.365

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

Maps



[redacted].pc

Need Statement



CD01257_project_needs_statement.pdf