

CSX TRANSPORTATION NEW PROJECT INITIATION FORM		
Please provide the following information so that CSXT is able to accurately and appropriately process the project setup and billing.		
Is this project associated with Federal funds?	No	
Is this project associated with State funds?	No	
Please describe the funding source for this project (i.e. INFRA, Section 130, State, County, Private, etc.).	Town of Apex, NC	
Project Requirements:	<input type="checkbox"/> Buy America <input type="checkbox"/> Additional procurement restrictions (Please describe below) <input type="checkbox"/> State Suspended and Debarred (Note - All federally funded projects are already monitored against the federal sus/deb listings) <input type="checkbox"/> Davis-Bacon (Please only check this box if this is a construction project that may be performed by an outside party) <input type="checkbox"/> CSX is subject to a state single audit as a recipient or subrecipient of funds (The only states that should apply here are FL or NC. FL must provide completed form DFS-A2-NS.) <input type="checkbox"/> Other	
Only complete this section if this project is associated with Federal and/or State funds.	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Project Sponsor - "Bill To" Information		
Agency - Sponsor:	Town of Apex, NC	Note: this is the agency that will be paying the invoice.
Billing Address:	PO Box 250, Apex, NC 27502	Note: this is the address to send the invoice for payment.
Contact Name:	Shannon Cox	
Phone:	919-249-3505	
E-mail:	shannon.cox@apexnc.org	
Invoice Delivery Method:	Email <small>If Email or Mail &amp; Email is selected, please enter Email address(es) here:</small> Apex.Invoices@apexnc.org; shannon.cox@apexnc.org	
Project Location:	Center Street and North Salem Street, Apex, NC	
Project Description:	Feasibility study for increasing train speeds on Durham spur from Apex to support relocating switching operations.	
Sponsor Project Ref. Number (If applicable)		
Signature of Applicant*		
Please sign, and e mail this form to the authorized CSX representative.		
Name and Title of Applicant		
Signature of Applicant	Date:	
<p>*By signing this form you are authorizing CSXT to incur costs and bill against this project. Should the project be canceled, CSXT will bill the Project Sponsor for the incurred costs. In the event the Project Sponsor is unresponsive for 90 days or more, the project will be closed; and the Project Sponsor will be final billed for all project costs incurred.</p>		