

McCordsville

ESTD  1988

INDIANA

Memorandum

Date: January 21, 2025

To: Town Council

From: Ryan Crum, Asst. Town Manager – Planning & Development

Re: CSX Coordination & Project Update

Dear Town Councilors:

As part of the Town's widening of Mt. Comfort Road (CR 600W) across the railroad tracks, coordination with CSX is necessary. Prior to CSX beginning any coordination efforts they require the Town to complete a Project Initiation Form and set-up payment. CSX has estimated coordination to cost \$20,000 for this project. Larger payments, for force account work, during construction, will come later. Town staff authorized the initial payment of \$5,000 in December of 2024, so that coordination could begin sooner than later. Staff is now requesting the authorization of the remaining \$15,000 for CSX coordination.

The construction plans are approximately 80% complete, and we will be turning in Stage 3 plans to INDOT no later than April 1st. Right-of-way engineering is complete, and USI is beginning the acquisition process. We are on track to let (bid) this project in late fall of this year. Staff will be prepared to provide any additional information at the Council meeting.

Sincerely,



Ryan Crum, AICP, CPM

Asst. Town Manager – Planning & Development
Town of McCordsville

CSXT Schedule PA

PAYMENT SUBMISSION FORM

Project Description: _____

CSXT OP# _____ (To be filled in by CSXT)

Payment may be made via paper check or ACH/EFT payment as detailed below.
Payment due prior to work commencing.

*****Mail a Check*****

Mail this form, along with your
paper check (do not send the
Agreement) to the following address:

**CSX Transportation, Inc.
P.O. Box 530192
Atlanta, GA 30353-0192**

OR

*****ACH/EFT Payment*****

Submit Payment to:

**CSXT Govt. Billing
P.O. Box 530192
Atlanta, GA 30353-0192**

**Acct # 1219082172
ACH ABA# 267084199**

When submitting payment VIA EITHER CHECK OR ACH/EFT, send a photocopy of the check
or associated ACH/EFT payment info, along with this form via email to:

Nicole_Henning@csx.com
AND
LShaw@Benesch.com

(All information below to be completed by Agency providing Payment)

Sponsor Name

Payment Date

Check #

Amount

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?	
Is this project associated with State funds?	
Please describe the funding source for this project (i.e. INFRA, Section 130, State, County, Private, etc.).	
Project Requirements:	<div style="margin-bottom: 10px;"><input type="checkbox"/> Buy America</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Additional procurement restrictions (Please describe below)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> State Suspended and Debarred (Note - All federally funded projects are already monitored against the federal sus/deb listings)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Davis-Bacon (Please only check this box if this is a construction project that may be performed by an outside party)</div> <div style="margin-bottom: 10px;"><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.)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Other</div> <div style="text-align: right; font-size: small;">If you selected Other, please describe below.</div>
Only complete this section if this project is associated with Federal and/or State funds.	

Project Sponsor - "Bill To" Information

Agency - Sponsor:	Note: this is the agency that will be paying the invoice.
Billing Address:	Note: this is the address to send the invoice for payment.
Contact Name:	
Phone:	
E-mail:	
Invoice Delivery Method:	If Email or Mail & Email is selected, please enter Email address(es) here:
Project Location:	
Project Description:	
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:	

*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.