



## **DDAA PEER-TO-PEER TRAINING PROGRAM APPLICATION**

Thank you for your interest in the Development District Association of Appalachia Peer-to-Peer Training Program. The DDAA encourages and welcomes applications from Local Development Districts interested in furthering their knowledge and improving their capacity in various programs and topics of interest to our organizations and our members.

The Peer-to-Peer program will reimburse member LDDs for pre-approved travel costs for Peer-to-Peer visits within the 13-state Appalachian Region, including but not limited to Mileage, Air Fare, Meals, Lodging. Requests will be considered on a case-by-case basis.

### **PROCESS:**

1. The LDD applying to receive reimbursement of travel expenses, must fill out the attached application and receive written approval of the request from the DDAA Training Committee Chair, **PRIOR to the Peer-to-Peer** visit. The applicant will be required to estimate the travel costs associated with the site visit and, if accepted, will be required to submit proof of actual expenditures in order to receive the reimbursement. Under no circumstances will the reimbursement exceed \$1,500. The application is also available online at <http://www.ddaa-ldd.org/index.php/site/information/peer-to-peer> (click on the word 'application' anywhere in the document to access the .pdf of the application). Once completed, the application is to be submitted electronically or via hard copy to:  
  
Misty Casto, DDAA Training Committee Chair  
BH-HVRDD  
PO Box 520  
Reno, OH 45773  
[mcasto@buckeyehills.org](mailto:mcasto@buckeyehills.org)
2. Within 14 days after receipt of the application, the Training Committee, along with the Treasurer of DDAA and the ARC LDD Director, will meet in person or via conference call to review the request and make a decision to grant or deny the request for reimbursement.
3. A written response will be sent to the applicant within 7 days of the date of the Training Committee meeting.
4. If approved, and after the visit is complete, the applicant will submit a final request for reimbursement, and final report including receipts/invoices/proof of actual expenditures and outcomes of the visit.

Questions about the application or the Peer-to-Peer program should be directed to Misty Casto at [mcasto@buckeyehills.org](mailto:mcasto@buckeyehills.org) or 740-374-9436.



## DDAA PEER-TO-PEER PROGRAM REQUEST FORM

### LDD/APPLICANT CONTACT INFO:

Name of LDD (Applicant) \_\_\_\_\_

Name(s) and Title of Person(s) Traveling \_\_\_\_\_

Contact Person  
(if different from above) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

### SITE VISIT INFO

Proposed Date(s) of Site Visit \_\_\_\_\_

Name of LDD/Peer to be Visited \_\_\_\_\_

Purpose of the Visit \_\_\_\_\_

### **Estimated Travel Expenses:**

Lodging	
Mileage	
Air Fare	
Per Diem/Meals	
Other (describe below)	
<b>Estimated Reimbursement to be requested</b>	

Other: \_\_\_\_\_

**Explain why you believe this Peer-to-Peer site visit is necessary and relevant to your organization and how you expect it to enhance your ability to better serve your region or improve your organization's capacity. Attach additional sheets as necessary.**

By signing below, you agree to provide the necessary documentation for reimbursement of your request, and to allow the DDAA to capture the outcomes of your Peer-to-Peer visit for sharing and/or further use by the DDAA membership and/or organizations affiliated with the DDAA.

Executive Director's Signature

Date



**DDAA Peer-to-Peer Program  
FINAL REIMBURSEMENT REQUEST FORM**

Please list **ACTUAL** travel expenses incurred and submit this form, along with receipts or other items to document proof of expenditure to:

Misty Casto, DDAA Training Committee Chair  
 BH-HVRDD  
 PO Box 520  
 Reno, OH 45773  
[mcasto@buckeyehills.org](mailto:mcasto@buckeyehills.org)

DATE(s) of VISIT \_\_\_\_\_

Estimated Expense	\$Amount	Actual Expense	\$ Amount
Lodging		Lodging	
Mileage		Mileage	
Air Fare		Air Fare	
Per Diem/Meals		Per Diem/Meals	
Other		Other	
Other		Other	
Other		Other	
Other		Other	
Other		Other	
<b>Total Estimated Expense</b>		<b>Total Reimbursement Requested</b>	

Below, or as an additional attachment, please provide a listing/narrative of the outcomes of the site visit (i.e. - was it helpful, what did you learn about, what places did you visit, what pieces of equipment did you learn how to use, how was it relevant, etc.)

I certify that this statement, the amounts claimed and the attachments are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Traveler

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**Date**

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**Signature of Executive Director/Fiscal Officer**