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 [https://www.appalachiandevelopment.org/peer-to-peer-program/](https://www.appalachiandevelopment.org/peer-to-peer-program/) (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:

   Brendan Buff  
P.O. Box 12546  
Arlington, VA 22209  
Phone: (703) 522-4980  
Fax: (480) 393-5098

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 Brendan Buff at bbuff@crec.net.
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:

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

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

Brendan Buff  
P.O. Box 12546  
Arlington, VA 22209  
Phone: (703) 522-4980  
Fax: (480) 393-5098  
bbuff@crec.net

DATE(S) of VISIT

<table>
<thead>
<tr>
<th>Estimated Expense</th>
<th>$Amount</th>
<th>Actual Expense</th>
<th>$ Amount</th>
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<tbody>
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<td>Lodging</td>
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<tr>
<td>Total Estimated Expense</td>
<td></td>
<td>Total Reimbursement</td>
<td>Requested</td>
</tr>
</tbody>
</table>

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 ________________________________

Date ________________________________  Signature of Executive Director/Fiscal Officer ________________________________