

ASTSWMO PEER MATCH PROGRAM

The Association of State and Territorial Solid Waste Management Officials (ASTSWMO) has federal grant funding available to allow States to share experiences and technologies related to solid/hazardous waste and tanks program management. This "peer match" funding supports the ability for 1-2 State managers seeking assistance to travel to another State for 2-3 days to exchange information, applications, experiences, technologies and reports on programmatic approaches of particular interest to the assistance-seeking State. Information-providing States can also travel to States requesting assistance to share knowledge and expertise. ASTSWMO will reimburse State staff for travel expenses incurred on the peer match trip.

The primary State staff seeking assistance through this peer match mechanism should complete an application form (enclosed) to receive consideration for funding. If the peer match is approved, ASTSWMO will send the traveling staff copies of our travel procedures, reimbursement information, and in-kind match forms which should be filled out and returned to the ASTSWMO office after completion of the trip. The primary State participant must also complete a peer match trip report that provides details about the purpose and success of the peer match, which should be submitted to the ASTSWMO office along with the reimbursement claim.

If you or your staff members are interested in participating in ASTSWMO's Peer Match Program, please complete the attached form and return it to the ASTSWMO office. To facilitate the review process, please provide all relevant information. You will be notified in writing regarding the approval of your request. If you have any questions about the Peer Match Program please contact Julius Shapiro at 202-624-7886.

ASTSWMO TANKS PEER MATCH APPLICATION FORM

To facilitate the approval process of your Peer Match request, all relevant information should be provided in detail. If you have any questions regarding this ASTSWMO Tanks Match Program or any part of this form, please contact Julius Shapiro at 202-624-7886. All requests will be responded to in writing.

1. Name: _____ Title: _____
Division/Agency: _____
Address: _____
City/State/Zip Code: _____
Phone #: _____ Fax #: _____
E-Mail Address: _____
2. State which is requesting assistance: _____
3. State from whom the assistance is sought: _____
4. Particulars of this Peer Match:
 - A. Purpose of Peer Match: _____
 - B. Names/Titles of State staff who will travel: _____
 - C. Names of individuals or program areas within the State agency providing assistance who will meet with visiting State representative(s): _____

D. Travel Cost Estimates (see ASTSWMO Travel Exception Form to request prior approval for stopover rates or rental cars, if appropriate):

Air Fare:

Hotel (@ government rate for ____ days):

Meals/Incidentals (@ government rate for ____ days):

Ground Transportation:

Other:

TOTAL \$:

E. Proposed Dates for Peer Match Activity:

F. Proposed Itinerary of Information-Sharing Activities/Meetings Planned:

Day One:

Day Two:

Day Three:

Please complete and return this form via mail, fax or e-mail to:

Julius J. Shapiro
ASTSWMO
444 North Capitol Street, N.W.
Suite 315
Washington, D.C. 20001
Phone: 202/624-7886
Fax: 202/624-7875
E-mail: jshapiro@astswmo.org

Approved by _____

Amount Approved Up to _____