**ASTHO STAR Center Peer Assessment Program**

State and Territorial Health Agency Application

**Directions for submitting application:**

1. Review [Peer Assessment Program Guide](https://www.astho.org/contentassets/438c3bbe4f75461aacbfc5d00d830fd7/star-health-agency-guide.pdf) and [capacity indicators](https://www.astho.org/contentassets/438c3bbe4f75461aacbfc5d00d830fd7/star-capacity-indicators-data-dictionary.pdf).
2. Combine this completed application, the Letter of Support from the Health Official, your agency’s organizational chart, and the current organizational strategic plan into a single PDF document.
3. Fill out this [online form](https://forms.monday.com/forms/9138b76ac1ce2091acd9d0d5c019a1af?r=use1) and attach the combined PDF to the form.

For questions on this application, please email ASTHO staff at STARPeerAssessment@astho.org.

**Health Agency and Team Information**

**Agency Name and Abbreviation:** Click or tap here to enter text.

**Executive Sponsor:** Click or tap here to enter text.

**Title/Program:** Click or tap here to enter text. **Email Address**: Click or tap here to enter text.

**Team Lead (point person with ASTHO and Peer Review Team):** Click or tap here to enter text.

**Title/Program:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Email Address**: Click or tap here to enter text.

**Team Member:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Title/Program:** Click or tap here to enter text.

**Team Member:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Title/Program:** Click or tap here to enter text.

**Other supporting staff (if any):**

[ ] The Team has reviewed the [Peer Assessment Program Guide](https://www.astho.org/contentassets/438c3bbe4f75461aacbfc5d00d830fd7/star-health-agency-guide.pdf) and [capacity indicators](https://www.astho.org/contentassets/438c3bbe4f75461aacbfc5d00d830fd7/star-capacity-indicators-data-dictionary.pdf).

**Organizational Capacity (25 pts)**

Describe the agency’s ability and capacity to participate in the assessment and include information about how it is positioned to adopt and implement an action plan. **Attach a current organizational chart with your application.**

**Vision and Goals for Improving Administrative Performance (20 pts)**

Describe your vision for improving and strengthening organizational and administrative capacity. Your vision should identify what your agency would like to achieve through the peer assessment program. Identify 2-3 goals for organizational and administrative capacity that your agency wants to achieve in the next 3-5 years. Your goals should be specific, measurable, and attainable.

**Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis (25 pts)**

Using the capacity indicators, and with input from the agency’s executive team, Health Official, and other key staff members, conduct a high-level SWOT on all 10 capacity areas. Here are some example questions to ask:

**Strengths –** What processes do we do efficiently? What infrastructure is already in place to rapidly intake and deploy funds?

**Weaknesses –** In what areas do we need to improve? What processes hinder our ability to quickly respond to a crisis?

**Opportunities –** What is happening at the state or federal levels that support our agency’s ability to be administratively prepared?

**Threats –** Are there any external barriers to spending down effectively and efficiently?

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| --- | --- | --- |
| **Internal** | **Strengths***(e.g. ) On average, hiring process is completed in reasonable timeframe* | **Weaknesses** |
| **External** | **Opportunities** | **Threats** |

Based on the results of the SWOT, identify 1-3 priority areas to focus on for the assessment:

|  |  |
| --- | --- |
| **Priority 1:** Choose an item. | **Priority 3:** Choose an item. |
| **Priority 2:** Choose an item. |  |

**Strategic Priorities (15 pts)**

Describe how this work will address priorities in your organizational strategic plan, Public Health Infrastructure Grant Program and/or other agency priorities. **Attach your current organizational strategic plan with your application.**

**Partners and Stakeholders (15 pts)**

Identify which partners and stakeholders (i.e., internal and external) are a primary part of the system needed to support your agency’s administrative and organizational capacity in the selected priority areas.

**Attach a Letter of Support from the Health Official:** Include information indicating leadership support and engagement in undergoing this assessment and implementing recommended improvements. The letter should include:

* approval from leadership to apply for the assessment and a statement of commitment to complete the Peer Assessment Program.
* a description of how agency leadership will be engaged in activities.
* a listing of key administrative staff and their role within the agency.