

Grants Management Intelligence:

Preventative Grantmaking

Funding preventative or early-intervention efforts has long been an important part of some grantmakers' armouries – particularly when it comes to addressing prevailing societal or community issues.

But how do you grant effectively towards prevention in areas where you, the funder, might not be a subject expert? How do you know if a preventative approach is going to actually prevent anything? And how do you measure the success of preventative grantmaking if the aim is to try and have something NOT occur?

This issue of *Grants Management Intelligence* gathers insights and learnings from grantmakers – both local and overseas – on how they practice preventative grantmaking.

Preventative Grantmaking in Action

Major UK grantmakers launch early intervention funding program

The £5.3m Early Action Neighbourhood Fund (EANF) was recently launched by a group of UK grantmakers, including the Big Lottery Fund and Esmee Fairburn Foundation.

The EANF will fund three locally based projects in Coventry, Norwich and Hartlepool specialising in children and community services, as well as aim to prove the effectiveness of early-intervention funding (www.biglotteryfund.org.uk/funding/joint-funding).

Grants Management Intelligence spoke with Big Lottery Fund CEO Dawn Austwick about the Fund, and how “early-action/preventative grantmaking” could benefit communities.

GMI: Firstly, are you able to fill in a little detail as to how you and the other funders were drawn together to work on this project? Have you worked together before?

Dawn Austwick: The Early Action Taskforce developed as an initiative from Community Links, a social action charity which has been operating in East London for nearly four decades.

As well as being embedded in the heart of one of the poorest boroughs working directly with individuals, families and communities, Community Links utilise their experience to provide national policy and research.



It is this national policy agenda that the Early Action Taskforce was set up to address in 2011. The Taskforce sought to shine a light on the tension between a deeply understood and widely accepted narrative of prevention but a failure to see more widespread provision for it at a national level.

The Taskforce represents a range of experts in their field from across the public, private and voluntary sector and has been chaired by David Robinson: a senior advisor at Community Links.

Since January 2011 the Taskforce has led on Early Action. It is made up of a range of individuals from across the voluntary, public and private sectors with expertise and experience in this area.

All of the funders involved in the task force note that they fund around twice as many crisis management projects as those focused on early action.

This insight challenged the Taskforce to think about how Early Action Neighbourhood Fund (EANF) could support localised pilot projects that test early action and preventative action in order to develop a better case for prevention and early action among commissioners and funders.

The Taskforce produced two pivotal reports '*The Triple Dividend*' and '*The Deciding Time*'. These can be found at www.community-links.org/earlyaction/the-triple-dividend/ and www.community-links.org/earlyaction/the-deciding-time/

As a consequence of these reports a group of funders came together to start to explore the potential of doing more in this area. This involved the formation of an Early Action Funders Alliance, bringing together a range of funders with a shared interest in this area.

Some of these funders then formed a small steering group to take forward the development of an Early Action Neighbourhood Fund (EANF). This collaboration consists of the Big Lottery Fund, Comic Relief, Esmee Fairbairn, Barrow Cadbury Trust and the Legal Education Foundation.

Some of these funders have worked together previously but not specifically on the topic of early action.

GMI: What sparked this move towards “preventative grantmaking/funding”? What was happening in the communities that saw you decide this approach would be the best one to take?

Dawn Austwick: As a starting point the Taskforce commissioned some work into what are the components of early action and undertook an exercise to benchmark our funding, which we called a Bucketing exercise.

This exercise enables funders to look across their funding portfolio and classify the grants they make at different levels of intervention: primary, secondary and tertiary.

- **Primary prevention** involves projects and initiatives that aim to stop something from happening early on – for example; a project to identify young people at risk of becoming involved with gangs.
- **Secondary intervention** involves an intervention that seeks to stop an issue or problem from escalating - for example picking up and providing additional support to children identified as falling behind at school at a young age.
- **Tertiary intervention** provides services where there is an acute need - such as counselling for those with drug and alcohol problems.

This exercise generated useful information for funders, and a series of recommendations for other funders, including a 'how to' guide. This can be found at www.community-links.org/downloads/ClassifyingEA.pdf.

The reports produced by the Early Action Taskforce and the Bucketing exercise were instrumental in providing a collection of funders with some key messages and food for thought in what was and continues to be a complex operating environment.

In a climate of ongoing austerity, a growing demand for services, and often an increase in the complexity of need, all involved felt the time was ripe to start that journey.

GMI: What do you believe this method of grantmaking/funding can achieve that other models can't?

Dawn Austwick: It's fair to say there was no set formula for how this would work in practice – but combined experience and perspectives, and a willingness to do something differently is often how the best things start.

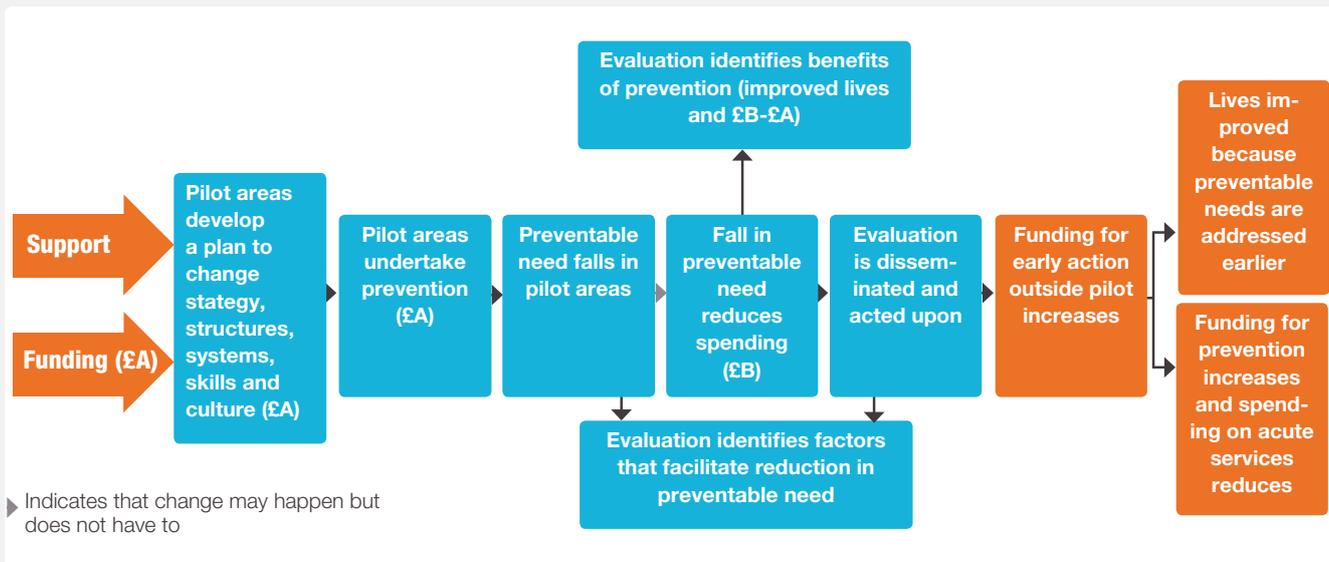
In essence we believe all funders test questions or hypotheses. The fundamental question here is how funders can use their influence, leverage and resources to create a shift away from just addressing crisis and towards enabling people to improve their own lives, more quickly and with greater resourcefulness.

All of the funders involved feel that much of what this method of grantmaking can achieve will be apparent as the pilot develops. We are optimistic that this approach to grantmaking will help kick start broader changes in local strategies, systems, skills, and structures that lead to culture change, supported by strong leadership and evidence.

This in itself will make the case for the shift toward early action and prevention.

GMI: On a practical level, how do you practise preventative grantmaking?

Dawn Austwick: It was really important to start from combined understanding of what a fund of this nature could achieve. Each funder came together to develop a high level Theory of Change for the EANF this is replicated below.



We knew that in order to deliver this we wanted to initially have a fairly closed application round; this would allow us to test and learn at the right scale.

Each funder identified a number of organisations already known for and previously funded because of their work or ethos in this area. A shortlist was drawn up between funders and these organisations were invited to attend a briefing session and apply.

From this we shortlisted a further five organisations to receive funding of up to £20,000 to enable them to further develop their proposals over a period of five months and submit a fully worked-up proposal.

GMI: How do you (or how will you) measure results meaningfully? It would seem to be easy to say “we succeeded because this problem didn’t get worse” but how are you going to delve more deeply into what you are doing?

Dawn Austwick: We have awarded a five-year evaluation contract to understand the effectiveness of EANF pilot projects, why they worked and under what circumstances; identifying key factors within the Theory of Change models that facilitate a shift toward early action.

In order to understand the various processes and methods that lead to successful approaches to early action, as described in our Theory of Change model, the following questions should be addressed:

Project-level evaluation should seek to answer the following questions:

- If and how the project achieved a shift in local structures, strategies, systems and skills, and culture change
- What were the key factors (inputs) that resulted in desirable outcomes, including strong local leadership and evidence, and how these could be replicated?
- What have been the costs and benefits of the project? Have there been cashable savings
- If the project has not been successful, what obstacles or barriers prevented the transformation to early action, and what lessons can be learned from this?

To support this, other project-level evaluation questions could include:

- **What processes were undertaken to make the shift towards early and preventative services?**
 - o Whether there has been a reduction in preventable need, or whether the level of need has remained static?
 - o What types of barriers were identified in shifting local strategies, systems, skills, structures and culture towards early action, and how were they overcome?
 - o What challenges in partnership working/local relationships were identified, and how were they overcome?
 - o What type of leadership, in the form of individuals or local agencies, was required for the project to successfully drive change and the shift to early action?
 - o What evidence/learning was put into practice to transform services, and how did this influence decision making?
 - o Did service user involvement enhance the impact of a project?
 - o What skills were already present, and what skills needed development or establishment within local workforces?

Programme-level evaluation questions should seek to answer:

- **To what extent has EANF funding supported local areas to transform services towards more preventative early action, and away from reactive services?**
 - o What generic or universally applicable processes (inputs) were involved in the transformation of service delivery, and can they be replicated?
 - o Was the support, time and funding available sufficient to support the aims of the programme, and to understand the long term impact?

GMI: Is there a capacity, given these are five year projects being funded, for you to switch approaches “mid stream”? What is the contingency plan if an approach or component of an initiative doesn't work?

Dawn Austwick: This risk always exists within grantmaking. The fundamentals of good grantmaking should be able to determine a funder's appetite for risk, tolerance of it and strategies to mitigate it. Without true risk there would be no leaps of discovery or true innovation.

We don't feel that wholesale switches would be necessarily needed but tweaks should always be an option based on learning and having the right relationship with grant holders.

Longer term grant funding has increasingly become a feature in many funders portfolio. This brings inevitable challenges for any project to continue to deliver the aims and aspirations stated at year one, in year three and five or 10 years down the line.

GMI: What are the challenges of bringing all these organisations together? And what have been the benefits?

Dawn Austwick: Each funder involved in EANF has a unique mission, difficult cultures, capacity and methods of operation and governance. Fundamentally we all came together to tackle something that matters to all of us. That's a solid starting point for any relationship.

The benefits include a multiplicity of perspectives, greater consistency and expertise and an ability to share learning more deeply and powerfully and in essence generate more impact.

GMI: Where to from here? What are the next steps for the program/funding? How are things going to get off the ground?

Dawn Austwick: We only recently appointed the evaluator and announced the three successful pilot projects. The next six to 12 months will be critical as projects kick-start their work and ensure their approach and partnership is bedded in.

All funders involved are committed to understanding the impact of EANF through the evaluation. This will also enable and support the pilots themselves, and tell us as funders what kinds of things we should do differently or replicate in the future.

If the pilots yield sufficient evidence of impact, we are keen to make more awards in the future under an open call, but time will tell.

The pilots will make a real difference to people in the communities they are operating in, but wider than that EANF is aiming for learning, evaluation and experience gained from these projects to help develop improved practice around early action and prevention across the UK.

READ MORE:

- Esmee Fairburn website: esmeefairbairn.org.uk/what-we-fund/funding-partnerships/the-early-action-neighbourhood-fund.
- Big Lottery website: www.biglotteryfund.org.uk/funding/joint-funding.

A local Perspective

Give Where You Live’s experiences in preventative grantmaking



Give Where You Live is a Geelong-based community foundation with a 60-year history of fundraising and grantmaking to address disadvantage in the Geelong region.

In recent years it has turned its focus towards preventative or early-intervention grantmaking, with GWYL’s Lesley Lightfoot outlining a number of factors that have influenced this decision:

Our history: In recent years, preventative and early-intervention grant requests were “being endorsed with high levels of community approval”, with the Foundation’s own community grant review panel process (which sees community members review grant applications and make recommendations on who should receive funding) also favouring the approach.

Broader frameworks and understandings that relate to disadvantage: Including the use of “broad frameworks which utilise the Social Determinants of Health and broad risk as well as resilience indicators and program logic frameworks which focus on early intervention and integrated care, consumer and community empowerment and prevention.”

Regional Data: As a community foundation, GWYL has a defined geographical area it is trying to impact, and within that area it has established data which “provides a summary of relevant data in relation to population, socio economic factors, the nature of communities, environment, economy and industry, key features and challenges”. This also includes data on entrenched disadvantage, as well as which population groups are most vulnerable.

The need to demonstrate impact: While the Foundation has a broad mandate to alleviate disadvantage, it also has limited resources. “There is no shortage of community needs or worthy causes that seek our support ... so the need to have in place a strategy which would assist us to make the most measureable and effective impact became a driving force”.

GMI: Through which programs do you undertake preventative grantmaking?

Lesley Lightfoot: We have developed three program areas to better define what we mean by disadvantage: Health and Wellbeing, Live and Learn and Survive and Thrive. To further define each program area we identified 3-4 focus areas/priorities in each (see right).

<p>Health and Wellbeing</p> <p>to improve social inclusion and access and physical and mental health</p> <ul style="list-style-type: none"> • Healthy Aging • Living with a disability • Reducing risky choices • Life crises 	<p>Live and Learn</p> <p>to provide educational opportunities as a pathway out of disadvantage</p> <ul style="list-style-type: none"> • School readiness • Disengaged young people • Education training and/or employment pathways 	<p>Survive and Thrive</p> <p>to contribute to basic levels of economic security including food shelter, pharmacy and household goods</p> <ul style="list-style-type: none"> • Homelessness and housing support • Financial skills and ongoing financial strategies • Regional emergency relief and basic food security
--	--	--

In creating these definitions two are more closely linked to our preventative grantmaking by their very definition: Health and Wellbeing and Live and Learn.

The third program area, Survive and Thrive, is about providing a safety net and emergency relief, although there is recognition that there is a preventative element through one of the focus areas.

We developed a suite of grant categories (capacity building, capital works, operation and service delivery, and innovation) which interface with short and longer term time frames (1-5 years) and small, medium and large award amounts (\$10,000-140,000).

The result has been that we have increasingly used preventative 'targeting' and other 'prioritising' activities within our overall grantmaking strategy to maximise our efforts to make an evidence based 'difference to disadvantaged lives'.

The result has also been that while all grantmaking remains aligned within the overall framework across a continuum of small, medium, multi year and special purpose granting strategies, as part of a balanced grantmaking portfolio, we have responded to a clear community consensus that acting earlier is better than intervening when it is too late.

We have loosely applied a four-tier classification of prevention along the spectrum of **primary prevention** (preventing or minimising the risk of problems arising), **secondary prevention** (targeting at risk groups), **tertiary prevention** (intervening once there is a problem) and **acute funding** (managing impact of a strongly negative situation)

We currently provide about \$2m a year in grants within our overall framework. The chart to the right provides a breakdown of preventative grants awarded in 2014 (The "Other" category applies to any grantmaking activity outside the preventative spectrum).

The graph (right below) provides a breakdown by program area.

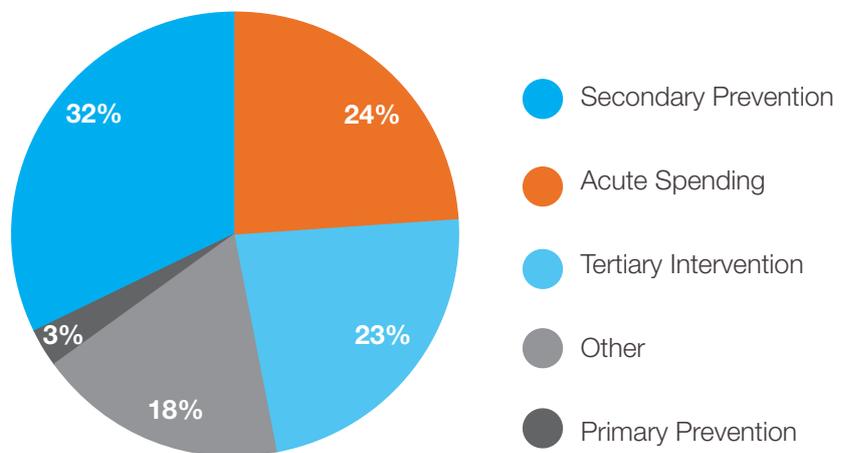
GMI: Drawing on your experiences, what do you believe are the key pieces of groundwork grantmaker should have in place before they embark on grantmaking with a prevention focus?

Lesley Lightfoot:

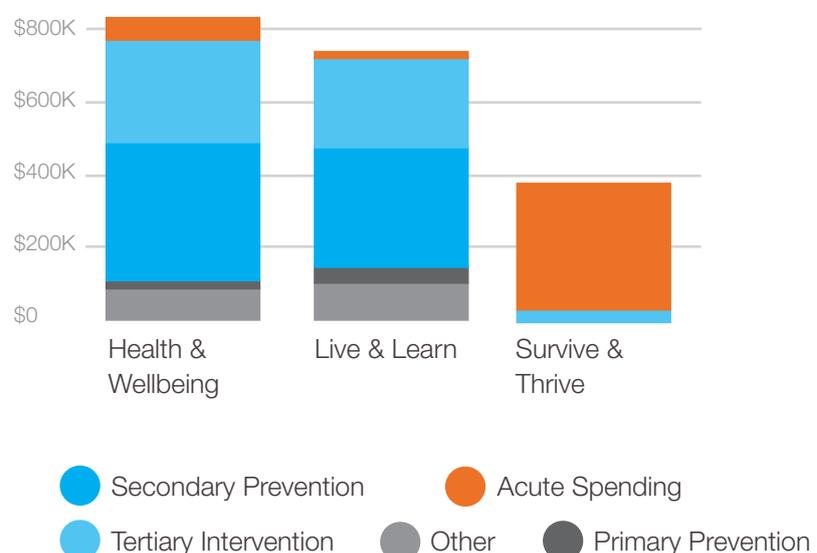
Be clear as a funder about what you are wanting to support.

- Which beneficiaries (individuals and/or targeted population groups)
- What's the difference (change in the community) you are trying to make
- How early or late along the spectrum of prevention

Give Where you Live Preventative Overall Grantmaking Breakdown:



Give Where you Live Preventative Grantmaking by Program Area:



- What type of intervention projects
- The size and duration of grants
- Alignment with your organisational mission, realistic sphere of influence and risk

Without this clarity from the beginning it is impossible to target and measure change impact.

Commit to Adaptive Learning and Leadership – Be part of a Learning Circle or ‘Community of Practice’ approach

Ask others to help – Our approach recommends convening a small knowledgeable reference group or working party that define and reach initial agreement on a “glossary of terms” and manual classification along the spectrum of prevention grants.

This helps communicate a common definition for your specific approach, and minimises confusion caused by language/terminology differences.

Utilise open access current research, best practice knowledge and local public data to guide your vision and strategy.

GMI: How important is it that a grantmaker knows “the lay of the land” in the area they wish to fund towards prevention? And how important is it to work WITH groups already on the ground rather than come in over the top of them?

Lesley Lightfoot:

In recognising the improbability of making a meaningful difference to entrenched disadvantage in a 12 month grant cycle, three years ago we trialled the introduction of a small number of larger multi-year grants as part of our revised grantmaking strategy.

We now offer seven Innovation Grants each receiving \$140K over two years.

While the guidelines require applicants to select which of the three Give Where You Live programs (they wish to apply for funds through) the definition of “innovation” was deliberately broad and offered the opportunity to:

- Test, demonstrate, trial or pilot a new concept;
- Support the expansion or scaling up an innovative, proven pilot program; or
- Conduct research to build the understanding of an area or issue related to disadvantage.

The trial has been consistent with our mission and identified grant focus areas addressing disadvantage. It has been underpinned by **working with** grantees committed to evidence-based practice which we conceptualise as a long term mutually reinforcing partnership.

From the outset we collaborated with the grantees in developing program logic and evaluation frameworks as well as requesting our membership on each grantees project steering committees.

Rather than domineer, our intention as a grantmaker was to inspire. Our focus was initially about innovation and to seek “thinking differently” about addressing disadvantage. However as we enter our third multiyear grants cycle, analysis of the evaluations and our learnings to date have led to significant shifts in our thinking.

We now recognise the most effective grants have been about systems change and the high correlation between systems change and preventative grants. We are now gravitating towards projects and grantee partnerships that have a high element of prevention and long term change, rather than immediate short term focus.

GMI: What tips would you offer grantmakers once they start funding towards prevention?

Lesley Lightfoot:

- Develop a deliberate communication strategy to begin preparing and inviting your donors, beneficiaries, service providers and stakeholders to contribute and be part of the “change process.”
- In a crowded fundraising “marketplace”, preventative grantmaking practice has also enabled us to respond to increasing “plain speak” community requests to make the greatest impact and most efficient and effective use of our precious and limited community resources.
- Seek feedback from grantees about what is working and what is not working.
- Seek to align your preventative grantmaking with other preventative grantmaking efforts to increase reach, sustainability and collaborative impact.

- Become a “learning” organisation. Request to be part of project reference or advisory group from the outset. (Understanding and communicating the successes, challenges and shortfalls along the way is a useful risk management strategy).
- Support and assist in sharing data and findings outside the immediate grantee organisations.
- Support the costs for evaluation and grantee collaborations. (Promote, and consider becoming a leader or convener of a Learning Circle or a Community of Practice).

GMI: What do you believe the biggest challenge in this type of funding is? And how do you address it?

Lesley Lightfoot:

The biggest challenge would be developing a **meaningful evidence-based evaluation framework** – “how do you demonstrate and provide evidence of the absence of problem or a negative condition?”

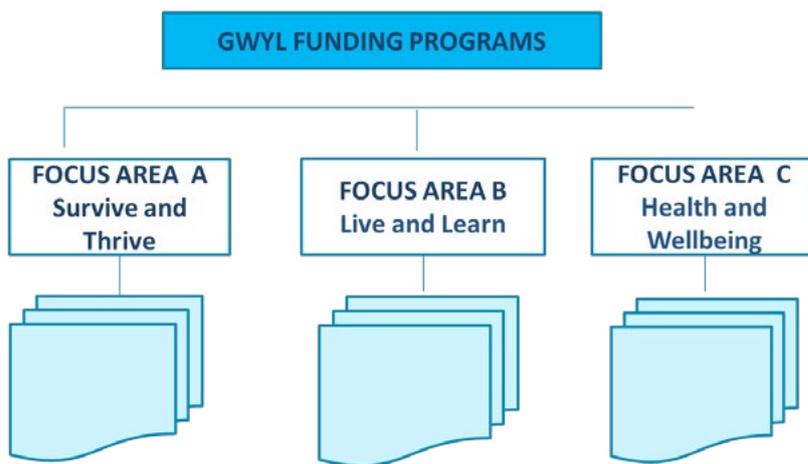
Like others, we are also grappling with the challenge of “attribution” and how best to direct and provide evidence that our comparatively small contribution is making a meaningful difference.

We have a **two-tier evaluation strategy** (refer to the two diagrams on the right) which has helped us in developing a shared measurement framework by beginning to aggregate data and articulate “the reach” of our overall grantmaking strategy.

We currently aggregate the number of individuals directly and indirectly impacted by the grant activity and correlate the targeted postcodes of grant activities. This has enabled us to confirm that in 2014, 94 % of our grants were directed in known high-need local postcode areas.

We are currently refining our Tier 2 Evaluation Strategy (see diagram, right) on completion of each grant by analysing the quantitative and qualitative case study data which will strengthen our data based evidence to confirm targeting and impacts for different beneficiaries, as well as identify the most effective projects activities as they are being they supported and contribute to building our longitudinal knowledge base of outcomes and impacts to further guide our future preventative grant making activities.

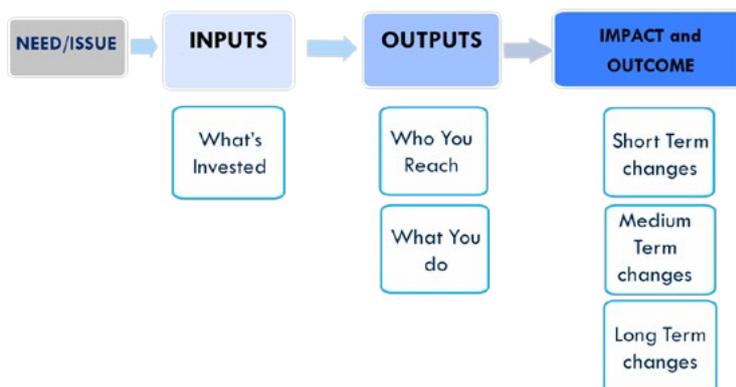
Two-tier evaluation strategy illustrating aggregation within three major focus areas and multiple smaller program evaluations:



Two-tier evaluation model



Program logic evaluation framework for Tier 2 Grantees



GMI: What do you feel your biggest learning has been from this type of grantmaking?

Lesley Lightfoot: Our analysis of the evaluations and our learnings to date have led to significant shifts in our original thinking. We now recognise the most effective grants have been about systems change and the high correlation between systems change and preventative grants.

We are now gravitating towards projects and grantee partnerships that have a high element of prevention and long term change rather than immediate short term focus.

We would encourage others to think about their role as a funder in evidencing what works. Consider funding innovative prevention projects, funding long term and scaling up projects that have been identified as effective on a smaller scale. We are strongly committed to evaluating for project effectiveness for all our grants.

We recognise that sometimes strategies “evolve” and we will continue to sharpen our understanding and articulation of early intervention and preventative approaches. In particular we would encourage grantmakers to adopt a positive definition of prevention.

Understanding prevention as building resilience and protective characteristics rather than the absence of negative outcomes will assist in encouraging the evaluation of project effectiveness, and will assist us and grantees to formulate programme outcomes which are realistic and measurable.

We are currently planning to trial incorporating specific questions across all our grant application assessment and evaluation processes with the goal of more actively directing the applicants and partnership activities to improve our knowledge and manual classification of grants according to how early or late on the spectrum of prevention their proposed initiative will act.

Being part of ongoing project steering groups over longer term projects has assisted us to be closer to the learnings (both positive and negative) and to be part of testing the program logic and change theory over time in a more meaningful way than “cheque book” grantmaking.

It has assisted us to broaden and widen our consideration of all possible beneficiaries of prevention projects.

We believe grantmaking by community foundations can make a strong local and sector contribution to supporting the shift to prevention and early intervention by being able to publically make the case for acting earlier whenever possible, by funding prevention and early intervention projects and generating evidence of their impact.

The status quo is not an option!
Join the Grantmaking Revolution.
www.smartygrants.com.au



**Grantmaker of the
Year: 2015 Report**

download the report



Learnings from a half-century of preventative grantmaking



The Ian Potter Foundation was set up more than 50 years ago with the importance of prevention as a core funding principle. The Foundation's Avalee Weir shared some of its insights the foundation has learned in its time granting towards prevention.

GMI: What are you attuned to look for, and are there any features in an application that indicate a prevention-based approach is more suitable or more likely to succeed?

Avalee Weir: Whether addressing environmental concerns, targeting community health issues, tackling social disadvantage or attacking the root causes of chronic illnesses, strategic funding can play a key role in purposeful prevention.

Funding prevention means singling out projects that target the root causes of issues, employing strategic and sustainable tactics that are designed to reap benefits in the long run.

This approach requires patience and commitment, as it may be many years before tangible outcomes can be gauged. It also means that we may have to decline some applications for projects that may have value in and of themselves, but do not fit our funding strategy and long term vision.

GMI: When funding prevention, how important is it to grant to organisations or efforts already on the ground and working toward prevention? Why?

Avalee Weir: While the Foundation focuses its funding on preventative programs, we also have a number of complementary criteria and principles that help ensure our philanthropic dollar has the maximum possible impact.

We actively seek out and support organisations that are the best in their field, with a strong track record of success, managed by excellent staff and innovative approaches to solving complex problems.

When we fund prevention we often fund research projects and pilot projects in order to plot and map new ways of getting to the heart of an issue. When these new approaches succeed and evidence can be provided, then others, including government, are in a better position to offer further support.

Trachoma provides a great example of this. Trachoma is a preventable and treatable bacterial infection of the eye that has disappeared from all developed countries, except Australia.

Even though it was eliminated from the mainstream population over 100 years ago, trachoma remains rife in many remote Indigenous communities, with infection rates in some places reaching 20%. If left untreated, it can cause blindness. Indigenous Australians have a six times higher rate of blindness than other Australians, yet 94% of these cases are avoidable.

In 2007, the University of Melbourne's Professor Hugh Taylor began spearheading the Indigenous Eye Health Program, aimed at "providing an integrated and sustainable solution to improving Indigenous eye health".

Professor Taylor's unit undertakes research, raises public awareness, lobbies for government action and develops strategies that empower local communities to drive public education, with simple preventative measures like the 'Clean Faces, Strong Eyes' campaign in the Northern Territory.

Since 2008, the Ian Potter Foundation has committed \$2 million to the Indigenous Eye Health Program. While the battle to eliminate trachoma in Australia is not yet won, the Indigenous Eye Health program and its success in dramatically reducing trachoma, and has helped raise public awareness of this problem and place it firmly on the government agenda, with the Federal Government adding funding of \$16 million in 2009 to eliminate trachoma from Australia.

GMI: Can it be a challenge for a grantmaker funding prevention to be deferential and realise they may not be the subject area expert in a grantee-grantmaker arrangement?

Avalee Weir: No. It is the people and organisations we support that are the experts in their fields, our job is to enable them to do their work and realise their goals.

The Foundation is fortunate to have a highly credentialed and experienced Board of Governors and a strong management team. In some areas we bring in external experts to advise and assist on our grant application assessments.

Over the years we have amassed skills, insight and knowledge that help us to identify and understand needs and opportunities, pinpoint the hallmarks of a strong project and make good grants. Each of our program areas has its objectives and we aim to support projects that will help us to realise these, but it's the organisations we support that have the specific expertise.

GMI: How do you measure success in prevention-focussed grantmaking? Is there a set formula or is it on a “case-by-case” approach?

Avalee Weir: Generally, each of our grants is assessed and evaluated against its own objectives on a case-by-case basis.

Once a project is completed and submits its report, we have a scoring system that rates the project's success and gives us data and information for future grantmaking decisions.

We have recently appointed an evaluation officer to implement our new Evaluation Framework, and this will take the assessment a step further, providing more detailed information about what works and what doesn't, including preventative measures.

GMI: Are there things you can't measure, given you are trying to potentially measure the impact you've had on something NOT happening? In these cases, what do you do? And can a “compulsion to measure” inhibit prevention grantmaking?

Avalee Weir: There is both art and science to philanthropy and we appreciate that not all things can be measured empirically.

When you are seeking to make a sustainable long-term difference, you need to be committed and have patience, particularly if you are working on an issue that seeks to achieve behavioural or cultural change.

Some outcomes may only become apparent years after a grant has finished. Evidence is important but it's not all about the numbers, philanthropy needs to take informed risks and support ambitious, visionary projects, because they are the ones that just might reap the greatest rewards.

GMI: What advice would you give a grantmaker looking towards preventative grantmaking?

Avalee Weir:

- 1. Do your research** – Understand the root causes, know what has worked before and why, and what hasn't. Seek out the best people and the best organisations and help them do what is needed.
- 2. Work closely with your grantees** to make sure that your funding – including how much is given and when it is given – will make a meaningful difference.
- 3. Have patience** – Funding prevention means being committed and looking long term - results may take months, years or even a generation.

Grants Management Intelligence is the membership publication of the [Australian Institute of Grants Management](#). An Our Community enterprise, the Institute is the best practice education, support, training, and service for government, philanthropic and corporate grantmakers, including Australia's most-used online grants management solution, SmartyGrants. Membership starts at \$280 per year. Become a member at <http://www.ourcommunity.com.au/aigm/join/>.

© Our Community Pty Ltd. Help us to help you! We aim to make our tools as affordable as possible. To do this, we need to maximise our membership. Therefore we ask that you please don't re-distribute this newsletter. It's designed for Australian Institute of Grants Management members only. [You can read more about our copyright and distribution guidelines here.](#)