The Goldilocks Grant

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Once upon a time (last month), I offered a medium-sized department in a large community-based hospital the opportunity to apply for a grant worth $10-20,000 for one year. They turned it down saying it was too small. Shortly after that, I found another grant worth $400,000/year for 4 years. That one was too big. Where, I wondered, was I supposed to find a grant that was just right for this department. They wanted a grant that was large enough to be worth the effort of applying but not so large that if they got it, they wouldn’t be able to manage it.

Over the years, I have been confronted with all types of clients. From those who are willing to write anything (even if it’s not related to their mission) to those who will only apply if it seems tailored made for them, is sufficiently large enough, AND offers a high probability of winning the grant.

When I started grant writing, I was fortunate to work with a group of teachers and faculty members who had fabulous ideas that seemed to fit any grant competition I found. With great ideas, strong teams, and clear writing, we were very successful. However, that early success may have ruined me. Now when I’m faced with ambivalent department heads, clueless administrators, and staff that cannot put together two sentences, I recall those early days wistfully and wonder how I’m supposed to bring it all together in today’s grant environment.

What has happened over the past 15 years? Where have all the ideas gone? Perhaps they are hiding out with the RFP’s that allow for true innovation and implementation of programs that have not yet been declared “evidenced-based.”

I find that funders are releasing RFP’s that are so narrowly defined that it seems as if they already know who they intend to fund. Similarly, I see RFP’s that are only worth applying for if the project is already at a very specific spot on a clearly defined path (i.e. about four months pre-implementation with partners on board and clients about to be enrolled).

Then there’s the CMS debacle. The Centers for Medicare and Medicaid Service has been releasing very large RFP’s with very hefty requirements. All of their RFP’s are designed to meet CMS’ triple aims of better health care, healthier individuals, and lower costs. This past winter saw the release of CMS Innovation grants. The objectives for this program were to

1. Engage a broad set of partners;
2. Identify new models of workforce development and deployment; and
3. Support projects that can be implemented within 6 months of award.

Grant recipients were recently announced. My colleague, Lynn Miner, did an analysis of the winners and reported on LinkedIn. He analyzed the abstracts and noted the following:
• CMS made a total of 104 innovation awards (3.5%) out of 3,000 applications.
• 27 out of 104 awards were multistate.
• One awardee was unable to define the population it proposed to serve.
• In nine cases, the award amounts were less than the projected savings. This seems to be a poor ROI and might have been justified on the basis of improved healthcare quality.
• In round numbers, CMS awarded $860M and anticipates a savings of $1.8B.
• In round numbers, the average CMS award proposed to train 476 people and create 25 new jobs.
• The largest award went to the Institute for Clinical Systems Improvement (9 states) for $27.6M with a $17.9M savings to train 80 healthcare personnel but an unspecified number of new positions created.
• The largest savings was noted in the award to the Pittsburgh Regional Health Initiative who received $10.4M for a program that was projected to yield $74.1M in savings by training 450 persons and creating 26 new jobs.
• No trend was obvious regarding the specific healthcare topics awarded; they covered the entire healthcare spectrum, e.g., imaging, minorities, PCMH, home visitation, re-hospitalizations, emergency medicine, chronic health conditions, at-risk rural health, nursing homes, dentistry, palliative care, substance abuse, and the list goes on.”

Additionally, *The Wall Street Journal* did an analysis that was less than favorable of the program, noting that “George Washington University is getting $1.9 million for a project to reduce health costs by $1.7 million.”

I have been writing federal grant applications for 15 years and I am starting to lose heart. Besides the above analysis, the 3.5% odds alone make it hard to convince clients that they have a chance.

I am also noticing a tightening of restrictions among private foundations. I wrote a cancer related grant proposal last summer to a national foundation. They issued an RFP inviting applications for cancer prevention and early intervention. My client has a wealth of experience in this area and has had much success with administering grants and improving patient health outcomes. I expressed concern to my client that this foundation was issuing a national RFP but only intended to give four awards. We went for it anyway and (unsurprisingly) didn’t get it. Even though I had warned them, I felt badly. I never want a client to feel that they’ve wasted their money on a grant professional whenever they receive a rejection letter.

I find myself spending more and more time trying to talk clients out of applying for grants that are clearly intended for someone else. The Goldilocks grant is a myth. There is no "just right" grant; there is only compromise. We must educate our clients about the pros and cons of undertaking any grant application. We must be upfront about their odds and be willing to forgo a paycheck when we know that the client has no chance of getting funded.

Clients hire me based on my reputation and my record of funding success. I must choose to not write some grants in order to maintain both.