

Sjir Hoeijmakers

1. *How do you see your individual role in the Management Committee, and where do you think your particular expertise and background will add most value to the Patient Philanthropy Fund?*

As the Committee's Chair, I think my most important role will be to make sure the Committee's work is organized well and that information flows to where it needs to be, both to the Management Committee and FFG UK Board and to the Fund's donors and other external stakeholders. Secondly, as a Founders Pledge employee I will have a role in coordinating between the Management Committee and the Founders Pledge team. Thirdly, as a Researcher I aim to build on my work on [investing to give](#) to help the Committee further develop its views on optimal timing of giving.

2. *What are your current probability estimates on when the Fund will make its first grants totalling more than 1% of Fund size to end-user nonprofits in a single year, and why?*

I would put roughly 10% probability on the first decade of the Fund's existence, 20% on the next decade, and then roughly 45% on the remainder of the century (slowly diminishing per decade), leaving 25% on it granting beyond then or never making larger grants. One reason for putting a larger probability on the first two decades is that I expect our view on long-term focused patient philanthropy to change a lot in the near term as we learn more. I put more on the second decade than the first because of the current apparent [funding overhang](#) in the longtermist space, and because I expect there to be more value of information to be gained in the Fund investing and growing rather than grantmaking in its first decade than in its second.

3. *If the Fund were forced to disburse all its assets to end-user nonprofits now, where do you think it should grant to and why?*

Currently, I think the Fund should grant to the [EA Long-Term Future Fund](#) (LTFF), which would regrant to projects benefiting the long-term trajectory of civilization. The main reasons are that (1) the LTFF is highly aligned with the Patient Philanthropy Fund in its purpose, (2) it has a strong Fund manager team specialized in grantmaking in the longtermist space, and (3) through its network, the LTFF is able to make small grants which can be classified as *investment-like giving opportunities* (see paragraph 2.1 [here](#)). These grants have similarities to and could be competitive with the Patient Philanthropy Fund's investing-to-give strategy.

Luke Ding

- 1. How do you see your individual role in the Management Committee, and where do you think your particular expertise and background will add most value to the Patient Philanthropy Fund?*

My individual role in the Committee is primarily to participate as a Trustee of Founders Pledge, and secondarily--as Chair of Founders Pledge's Investment Committee--be involved in investment matters. I have a great deal of finance and fund management experience and was previously a senior executive officer at NatWest Financial Markets and senior partner and member of the Risk Committee at fund management firm Brevan Howard. I will mostly defer to the other Committee members on grantmaking and timing of giving matters, though I am also an active grantmaker within effective altruism - including supporting work safeguarding the long-term future - and was previously Chair of the Effective Altruism Infrastructure fund.

- 2. What are your current probability estimates on when the Fund will make its first grants totalling more than 1% of Fund size to end-user nonprofits in a single year, and why?*

As mentioned above, I will abstain from these matters as much as possible, and focus on governance and investment questions within the Committee.

- 3. If the Fund were forced to disburse all its assets to end-user nonprofits now, where do you think it should grant to and why?*

As mentioned above, I will abstain from these questions as much as possible, and focus on governance and investment questions within the Committee.

Philip Trammell

1. *How do you see your individual role in the Management Committee, and where do you think your particular expertise and background will add most value to the Patient Philanthropy Fund?*

I will ensure that the Fund's high-level strategy, especially its grantmaking and succession guidelines, remain informed by academic economic research. Since my research inspired the creation of the Fund, and since I am doing a doctorate largely on the optimal allocation of philanthropic spending over time, I am well placed to stay up-to-date on the relevant literature and to conduct further research in economic theory where it would be useful.

2. *What are your current probability estimates on when the Fund will make its first grants totalling more than 1% of Fund size to end-user nonprofits in a single year, and why?*

I put a 6% chance on this decade, a 61% chance on the remainder of this century, and a 33% chance on later times.

If this decade, I believe it will most likely be either because of (a) a (small) funding opportunity--in particular, a research project that would strongly complement the mission of the Fund--in which other funders are uninterested, or (b) new legal requirements.

If later this century, I believe it will most likely be because of a drop in other sources of far-future-focused philanthropy, most likely temporary.

If after the end of this century, I believe it will most likely be for one of the three reasons above, but could also be because the Fund has (quasi-)permanently grown to a large fraction of all far-future-focused philanthropy, due either to long-term Fund growth or to a collapse in other funding sources.

3. *If the Fund were forced to disburse all its assets to end-user nonprofits now, where do you think it should grant to and why?*

If we could not grow the pool of "longtermist resources" simply by investing our capital, I believe it could be similarly valuable to do so by growing the pool of sympathetic labor. I therefore believe that if the Fund had to disburse immediately, it should grant to "movement-building" organizations (or regranteeing bodies): i.e. those devoted primarily to growing the pool of individuals who can effectively put capital to use on projects aimed at improving the long-term future, and who understand the importance of doing so. The two most prominent such organizations of which I am aware are the [EA Infrastructure Fund](#) and [80,000 Hours](#).

Max Daniel

1. *How do you see your individual role in the Management Committee, and where do you think your particular expertise and background will add most value to the Patient Philanthropy Fund?*

Through my work I've encountered a lot of different perspectives from researchers and grantmakers in the effective altruism community: both on which causes to give to, and when. Leveraging this experience, I want to make sure the Committee won't miss important considerations. I would also be excited to help us operationalize which non-financial opportunities are sufficiently 'investment-like' that they are legitimate alternatives for a patient philanthropist. For instance, which types of research or community building can be viewed as growing a stock of resources, with compounding returns, that can be flexibly deployed according to the philanthropist's goal in the future?

2. *What are your current probability estimates on when the Fund will make its first larger grant to an end-user nonprofit, and why?*

My credence that the PPF will make grants exceeding 1% of its assets in a single year within its first 10 years of operation is about 20%. If this happens, I'd guess that in 3 of 4 cases it would be due to legal or other practical requirements related to the fund spin-out. In 1 of 4 cases it would be because we believe the grant can beneficially influence some pivotal event related to rapid progress in artificial intelligence. I'd guess 70% we'll make larger grants before the end of this century, about evenly distributed between attempts to influence the world's transition to transformative AI and other reasons such as legal requirements or the Fund seeming too insignificant to be worth continuing.

3. *If the Fund were forced to disburse all its assets to end-user nonprofits now, where do you think it should grant to and why?*

I think one contender is the [EA Long-Term Future Fund](#), for the same reasons as given by Sijr in his statement. Alternatively, I think it should fund experimental projects that have a significant chance of failing but high expected value. These could include: backing a larger donation lottery; commissioning external evaluations of longtermist organizations or research; or providing grantmaking budgets for grantmakers that are randomly selected from some appropriate pool. One key uncertainty is whether the non-financial resources to get such projects off the ground would be available.