Potomac Highlands
UNITED WAY
217 North Centre Street Suite 300
Cumberland MD 21502
301-722-2700
www.potomacuw.org

2026/2027 Meeting the Moment Grant Application

Welcome to the 2026/2027 Meeting the Moment Grant application. By completing and submitting this grant, you have the details and understand the requirements and limitations for the request. Two questions are included to signify that you agree and understand. Completed applications should be emailed to misty@cuw.org.

ORGANIZATION/GROUP NAME: _____

If your group is not the eligible 501(c)(3), you must list that organization here in addition to the group.

Tax Identification Number _____

Contact Person _____

Email _____

Phone _____

Address _____

City _____ **State** _____ **Zip** _____

COUNTY OF REQUEST

Please select only one. If requests will be made for funding in more than one, please complete a separate application for each.

- ☐ Allegany
- ☐ Garrett
- ☐ Hampshire
- ☐ Mineral

PROGRAM/PROJECT*

Please provide a brief description of the program for which you are requesting dollars

QUARTER FOR REQUEST*

- [ ] Qtr 1 - July 1, 2026- September 30, 2026
- [ ] Qtr 2 -October 1, 2026- December 31, 2026
- [ ] Qtr 3 - January 1, 2027- March 31, 2027
- [ ] Qtr 4 - April 1, 2027 - June 30, 2027

PROGRAM/PROJECT TYPE*

- [ ] One Time Project
- [ ] Ongoing Project
- [ ] Start-up
- [ ] Other...

DESCRIBE THE NEED FOR THE PROPOSED PROGRAM/PROJECT

Provide details to describe why this is a critical need or how it will meet an non-duplicated need in the community.

GRANT AMOUNT REQUESTED*

Please reference information on the website regarding maximum request amounts for each county.

Is this request being made to leverage other dollars related to the program/project?*

- [ ] Yes
- [ ] No

ANTICIPATED TOTAL COST OF PROGRAM/PROJECT*

Please specify the anticipated total cost of the program/project inclusive of the grant amount you are requesting. A budget form is available on the website. Click here to download. Complete the form in its entirety and email with this application.

ADDITIONAL DOCUMENTS TO BE INCLUDED

Please include any additional documents in your email with this application.

ANITICPATED NUMBER OF PEOPLE SERVED*

Include the total number of people to be served in the program inclusive of the full MTM amount requested.

ANITICPATED NUMBER OF PEOPLE SERVED WITH MTM GRANT *

Include ONLY the total number of people to be served using the full amount requested from MTM grant.

PUBLICITY & ACKNOWLEDGEMENT*

Do you agree to market and/or promote the funded project through news releases, printed materials, website social media, and other channels if chosen for grant funding?

☐ Yes ☐ No

Meeting the Moment GRANTS CRITERIA AND GUIDELINES*

Please confirm that you have read and understand the Meeting the Moment Grant criteria and guidelines located at https://potomacuw.org/meeting-the-moment-grant-program/ and click on Meeting the Moment Grant Criteria.

☐ Yes ☐ No

IRS TAX EXEMPTION CERTIFICATE*

A one-page document form the IRS should be included in your email with this application to prove current good-standing as a 501(c)(3).