



Mercedes Historic Preservation Commission

Grant Application

1. Property Owner/ Owners

First Name _____

First Name _____

Last Name _____

Last Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

2. Historic Property Address

Address _____

3. Grant/ Amount Requested

- Roof
- Leveling
- Façade

Amount _____

Amount _____

Amount _____

4. Brief Summary of Project (If additional space is required please attach another page).

5. Have you ever applies for a grant before? If so, was it granted and when?

I hereby agree to the guidelines set forth by the Mercedes Historical Preservation Commission Grant

I certify that, to the best of my knowledge and belief, the statements made by me in this application are true and the information provided is correct.

Signature _____

Date _____

Signature _____

Date _____

Staff Use Only

Grant Request Approved:

Quotes Submitted:

Photos Submitted:

Samples Submitted: