| 2025 GCSAA Research Proposal Application Cover Sheet |
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| Cover Sheet |
| **Title of Project:**  |
| Principal Investigator(s):  |
| Title(s):  |
| Address:  |
| City: | State: | Zip: |
| Phone: | Fax: |
| Email: |
| Amount Requested from GCSAA Each Year: |
| **2026** | **2027** | **TOTAL FUNDING REQUESTED** |
| $ | $ | $ |
| Please Select Which Grant Opportunity You Are Applying For **(Check One):** |
| [ ]  Water Use and Water Quality Protection | [ ]  Sustainable Golf Course Turfgrass and Other Landscapes Management |
| [ ]  Chapter Cooperative Research Grant |
| Please Provide Name(s) and Contact Information of University, Chapter, Foundation or Association Providing Matching Funding and Amount of Funding Requested from Each Organization per Year (see grant guidelines): |
| 1. Name of Organization:
 |
| 2026: $ | 2027: $ | Total: $ |
| Contact Person: | Title: |
| Address: |
| City: | State: | Zip: |
| Phone: | Fax: |
| Email: |
|  |
| 1. Name of Organization:
 |
| 2026: $ | 2027: $ | Total: $ |
| Contact Person: | Title: |
| Address: |
| City: | State: | Zip: |
| Phone: | Fax: |
| Email: |
|  |
| 1. Name of Organization:
 |
| 2026: $ | 2027: $ | Total: $ |
| Contact Person: | Title: |
| Address: |
| City: | State: | Zip: |
| Phone: | Fax: |
| Email: |
|  |
| 1. Name of Organization:
 |
| 2026: $ | 2027: $ | Total: $ |
| Contact Person: | Title: |
| Address: |
| City: | State: | Zip: |
| Phone: | Fax: |
|  |