



Office of Research &
Sponsored Programs
California State University,
Long Beach

CAYUSE PROFILE

Information Form

Professional	
First Name:	
Middle Name:	
Last Name:	
Organization Name:	
Street 1:	
Street 2:	
City:	
State/Province:	
Zip/Postal Code (9 digit):	
Country:	
County:	
Phone:	
Fax:	
Email:	
Organization DUNS:	
Congressional District:	
Department:	
Division:	
Position/Title:	

Institutional	
Institution Name:	
Institution Short Name:	
Street 1:	
Street 2:	
City:	
State/Province:	
Zip/Postal Code (9 digit):	
County:	
Country:	
URL:	
DUNS:	
Parent DUNS/Org DUNS:	
CRS/EIN:	
Congressional District:	
Organization Type:	
Additional Applicant Types:	
NIH Commons Profile Number:	
DHHS-DMS PIN (for USDA CSREES proposals):	
Other:	