

BUREAU OF STATISTICS AND PLANS
(Bureau of Planning)
Government of Guam



Felix Perez Camacho
Governor of Guam

Michael W. Cruz, M.D.
Lieutenant Governor

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Alberto A. "Tony" Lamorena V
Acting Director

APR 30 2007

The Honorable Mark Forbes
Speaker
I Mina'Benti Nuebi na Liheslaturan Guahan
155 Hesler Street
Hagatna, Guam 96910

RE: Submission of FY 2007 2nd Quarter Funding/Expenditure Report

Dear Speaker Forbes:

Pursuant to Chapter VI, Section 2 – Reporting Requirements, of Public Law 28-150, we are hereby submitting our *FY 2007 2nd Quarter Funding/Expenditure Report*.

Attached, please find the following reports:

1. FY 2007 Budget and Expenditure Report as of 3/31/07 (Local appropriation)
2. Current staffing patterns (Local and Federal Funds)
3. Financial Status Reports for the period covering 1/1/07 to 03/31/07, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Quarterly Financial Status report.
4. Financial Status Reports for the period covering 10/01/06 to 03/31/07, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Semi-Annual Financial Status report.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alberto A. Lamorena V'.

ALBERTO A. LAMORENA V
Acting Director

Enclosures

Cc: Director, Bureau of Budget and Management Research
Public Auditor, Office of the Public Auditor

FISCAL YEAR 2007
DEPARTMENTAL SUMMARY
As of: March 31, 2007

Department: BUREAU OF STATISTICS AND PLANS
Division: SUMMARY
Account No.:

| A | B | C | D | E | F | G | H | I | J | K |
|---------------------|---------------------------------|-------------------|--------------------------|----------------------------------|------------------|------------------|----------------------------|---|--------------|--|
| Account Code | Budget Acts Appropriations P.L. | Reserve | FY 2007 Allotments (B-C) | Year to Date Exp./Encumb. As of: | Pay Period LABOR | Pay Period LABOR | Avg Pp Requirement (F+G)/2 | Personnel Projected PP remaining x column H | Requirements | (C + D - E - I - J) Projected Lapse/ Shortfall |
| 111 Salary | 796,997.50 | 358,605.00 | 428,392.50 | 393,601.44 | 31,734.40 | 31,734.40 | 31,734.40 | 444,281.60 | 0.00 | (50,885.54) |
| 112 OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 113 Benefits | 262,477.00 | 121,262.00 | 141,215.00 | 110,147.18 | 8,998.42 | 8,998.42 | 8,998.42 | 125,977.88 | 0.00 | 26,351.94 |
| TOTAL PerSvs | 1,049,474.50 | 479,867.00 | 569,607.50 | 503,748.62 | 40,732.82 | 40,732.82 | 40,732.82 | 570,259.48 | 0.00 | (24,533.60) |
| 220 Travel | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 230 Contract | 18,041.00 | 16,680.92 | 1,360.08 | 1,360.08 | | | | | 0.00 | 16,680.92 |
| 233 Rent | 14,722.00 | 2,122.00 | 12,600.00 | 12,600.00 | | | | | 0.00 | 2,122.00 |
| 240 Supplies | 4,856.50 | 3,150.25 | 1,706.25 | 1,706.25 | | | | | 0.00 | 3,150.25 |
| 250 Equip. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 280 Sub. Rec. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 271 Drug-Test | 75.00 | 10.00 | 65.00 | 65.00 | | | | | 0.00 | 10.00 |
| 361 Power | 3,917.00 | 674.00 | 3,243.00 | 3,243.00 | | | | | 0.00 | 674.00 |
| 362 Water | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 363 Tele. | 7,380.00 | 1,246.00 | 6,134.00 | 6,133.60 | | | | | 0.00 | 1,246.40 |
| 450 Cap. Out. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| TOTAL Opers | 48,991.50 | 23,883.17 | 25,108.33 | 25,107.93 | 40,732.82 | 40,732.82 | 40,732.82 | 570,259.48 | 0.00 | 23,883.57 |
| TOTALS | 1,098,466.00 | 503,750.17 | 594,715.83 | 528,856.55 | 40,732.82 | 40,732.82 | 40,732.82 | 570,259.48 | 0.00 | (650.03) |

BUDGET NOTES:

FISCAL YEAR 2007
PROJECTED REQUIREMENTS
As of: March 31, 2007

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 5100A070900GA001

| A | B | C | D | E | F | G | H | I | J | K |
|---------------------|---------------------------------|-------------------|---------------------------|----------------------------------|------------------|------------------|----------------------------|---|--------------|--|
| Account Code | Budget Acts Appropriations P.L. | Reserve | FY 2007 Allocations (B-C) | Year to Date Exp./Encumb. As of: | Pay Period LABOR | Pay Period LABOR | Avg pp Requirement (F+G)/2 | Personnel Projected PP remaining x column H | Requirements | (C + D - E - I - J) Projected Lapse/ Shortfall |
| 111 Salary | 267,090.50 | 113,772.00 | 153,318.50 | 141,561.92 | 10,831.20 | 10,831.20 | 10,831.20 | 151,636.80 | 0.00 | (28,108.22) |
| 112 OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 113 Benefits | 84,355.00 | 36,383.00 | 47,972.00 | 36,809.96 | 2,894.69 | 2,894.69 | 2,894.69 | 40,525.66 | 0.00 | 7,019.38 |
| TOTAL PersVs | 351,445.50 | 150,155.00 | 201,290.50 | 178,371.88 | 13,725.89 | 13,725.89 | 13,725.89 | 192,162.46 | 0.00 | (19,088.84) |
| 220 Travel | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 230 Contract | 18,041.00 | 16,680.92 | 1,360.08 | 1,360.08 | | | | | 0.00 | 16,680.92 |
| 233 Rent | 14,722.00 | 2,122.00 | 12,600.00 | 12,600.00 | | | | | 0.00 | 2,122.00 |
| 240 Supplies | 4,856.50 | 3,150.25 | 1,706.25 | 1,706.25 | | | | | 0.00 | 3,150.25 |
| 250 Equip. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 280 Sub Rec. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 271 Drug-test. | 75.00 | 10.00 | 65.00 | 65.00 | | | | | 0.00 | 10.00 |
| 361 Power | 3,917.00 | 674.00 | 3,243.00 | 3,243.00 | | | | | 0.00 | 674.00 |
| 362 Water | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 363 Tele. | 7,380.00 | 1,246.00 | 6,134.00 | 6,133.60 | | | | | 0.00 | 1,246.40 |
| 450 Cap. Out. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| TOTAL Opers | 48,991.50 | 23,883.17 | 25,108.33 | 25,107.93 | 13,725.89 | 13,725.89 | 13,725.89 | 192,162.46 | 0.00 | 23,883.57 |
| TOTALS | 400,437.00 | 174,036.17 | 226,398.83 | 203,479.81 | 13,725.89 | 13,725.89 | 13,725.89 | 192,162.46 | 0.00 | 4,794.73 |

FISCAL YEAR 2007
PROJECTED REQUIREMENTS
As of: March 31, 2007

Department: BUREAU OF STATISTICS AND PLANAS
Division: PLANNING INFORMATION PROGRAM
Account No.: 5100A070910SE004

| A | B | C | D | E | F | G | H | I | J | K |
|---------------------|---------------------------------|-------------------|--------------------------|----------------------------------|------------------|------------------|----------------------------|---|--------------|--|
| Account Code | Budget Acts Appropriations P.L. | Reserve | FY 2007 Allotments (B-C) | Year to Date Exp./Encumb. As of: | Pay Period LABOR | Pay Period LABOR | Avg PP Requirement (F+G)/2 | Personnel Projected pp remaining x column H | Requirements | (C + D - E - I - J) Projected Lapse/Shortfall |
| 111 Salary | 171,993.00 | 81,181.00 | 90,812.00 | 82,881.12 | 6,828.00 | 6,828.00 | 6,828.00 | 95,592.00 | 0.00 | (6,280.12) |
| 112 OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 113 Benefits | 51,373.00 | 24,404.00 | 26,969.00 | 21,170.88 | 1,769.08 | 1,769.08 | 1,769.08 | 24,767.12 | 0.00 | 5,435.00 |
| TOTAL PerSvs | 223,366.00 | 105,585.00 | 117,781.00 | 103,852.00 | 8,597.08 | 8,597.08 | 8,597.08 | 120,359.12 | 0.00 | (845.12) |
| 220 Travel | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 230 Contract | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 233 Rent | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 240 Supplies | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 250 Equip | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 280 Sub Rec. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 271 Drug Test | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 361 Power | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 362 Water | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 363 Tele. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 450 Cap. Out | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| TOTAL OperS | 0.00 | 0.00 | 0.00 | 0.00 | 8,597.08 | 8,597.08 | 8,597.08 | 120,359.12 | 0.00 | (845.12) |
| TOTALS | 223,366.00 | 105,585.00 | 117,781.00 | 103,852.00 | 8,597.08 | 8,597.08 | 8,597.08 | 120,359.12 | 0.00 | (845.12) |

**FISCAL YEAR 2007
PROJECTED REQUIREMENTS
As of: March 31, 2007**

Department: BUREAU OF STATISTICS AND PLANS
Division: SOCIO-ECONOMIC PLANNING PROGRAM
Account No.: 5100A070920SE005

| A | B | C | D | E | F | G | H | I | J | K |
|----------------------|---------------------------------|------------------|----------------------------|---------------------------------|------------------|------------------|----------------------------|---|--------------|--|
| Account Code | Budget Acts Appropriations P.L. | Reserve | FY 2007 Allotments (B - C) | Year to Date Exp./Enumb. As of: | Pay Period LABOR | Pay Period LABOR | Avg PP Requirement (F+G)/2 | Personnel Projected PP remaining x column H | Requirements | (C + D - E - I - J) Projected Lapse/ Shortfall |
| 111 Salary | 94,816.00 | 44,500.00 | 50,316.00 | 45,945.60 | 3,828.80 | 3,828.80 | 3,828.80 | 53,603.20 | 0.00 | (4,732.80) |
| 112 OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 113 Benefits | 28,323.00 | 13,808.00 | 14,515.00 | 10,886.70 | 906.30 | 906.30 | 906.30 | 12,668.20 | 0.00 | 4,748.10 |
| TOTAL PersSvs | 123,139.00 | 58,308.00 | 64,831.00 | 56,832.30 | 4,735.10 | 4,735.10 | 4,735.10 | 66,291.40 | 0.00 | 15.30 |
| 220 Travel | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 230 Contract | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 233 Rent | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 240 Supplies | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 250 Equip. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 260 Sub. Fac. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 271 Drug-test. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 361 Power | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 362 Water | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 363 Tele. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 450 Cap. Out | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| TOTAL Opers | 0.00 | 0.00 | 0.00 | 0.00 | 4,735.10 | 4,735.10 | 4,735.10 | 66,291.40 | 0.00 | 0.00 |
| TOTALS | 123,139.00 | 58,308.00 | 64,831.00 | 56,832.30 | 4,735.10 | 4,735.10 | 4,735.10 | 66,291.40 | 0.00 | 15.30 |

Department: BUREAU OF STATISTICS AND PLANS
 Division: CHIEF ECONOMIST OFFICE
 Account No.: 5100A070904GA001

FISCAL YEAR 2007
 PROJECTED REQUIREMENTS
 As of: March 31, 2007

| A | B | C | D | E | F | G | H | I | J | K |
|---------------------|---------------------------------|-------------|----------------------------|-----------------------------------|------------------|------------------|----------------------------|-----------------------------------|--------------|---|
| Account Code | Budget Acts Appropriations P.L. | Reserve | FY 2007 Allotments (B - C) | Year to Date Exp./Encumbr. As of: | Pay Period LABOR | Pay Period LABOR | Avg PP Requirement (F+G)/2 | Personnel PP remaining x column H | Requirements | (C + D - E - I - J) Projected Lapse/Shortfall |
| 111 Salary | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 112 OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 113 Benefits | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL PersVs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 220 Travel | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 230 Contract | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 233 Rent | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 240 Supplies | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 250 Equip. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 280 Sub Fac. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 271 Drug/Inst. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 361 Power | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 362 Water | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 363 Tele. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 450 Cap. Out. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| TOTAL Oper | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| TOTALS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**FISCAL YEAR 2007
PROJECTED REQUIREMENTS
As of: March 31, 2007**

Department: BUREAU OF STATISTICS AND PLANS
 Division: BUSINESS AND ECONOMIC STATISTICS PROGRAM
 Account No.: 5100A070932E1001

| A | B | C | D | E | F | G | H | I | J | K |
|---------------------|---------------------------------|-------------------|----------------------------|----------------------------------|------------------|------------------|----------------------------|---|--------------|--|
| Account Code | Budget Acts Appropriations P.L. | Reserve | FY 2007 Allotments (B - C) | Year to Date Exp./Encumb. As of: | Pay Period LABOR | Pay Period LABOR | Avg Pp Requirement (F+G)/2 | Personnel Projected PP remaining x column H | Requirements | (C + D - E - J) Projected Lapse/ Shortfall |
| 111 Salary | 253,098.00 | 119,152.00 | 133,946.00 | 123,412.80 | 10,246.40 | 10,246.40 | 10,246.40 | 143,449.60 | 0.00 | (13,764.40) |
| 112 OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 113 Benefits | 98,426.00 | 46,667.00 | 51,759.00 | 41,279.64 | 3,428.35 | 3,428.35 | 3,428.35 | 47,956.90 | 0.00 | 9,149.46 |
| TOTAL Persvs | 351,524.00 | 165,819.00 | 185,705.00 | 164,692.44 | 13,674.75 | 13,674.75 | 13,674.75 | 191,446.50 | 0.00 | (4,614.94) |
| 220 Travel | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 230 Contract | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 233 Rent | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 240 Supplies | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 250 Equip. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 280 Sub Rec. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 271 Drug-test. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 361 Power | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 362 Water | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 363 Tele. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| 450 Cap. Out. | 0.00 | 0.00 | 0.00 | 0.00 | | | | | 0.00 | 0.00 |
| TOTAL Opers | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | 351,524.00 | 165,819.00 | 185,705.00 | 164,692.44 | 13,674.75 | 13,674.75 | 13,674.75 | 191,446.50 | 0.00 | (4,614.94) |

BUREAU OF STATISTICS AND PLANS
FY 2007 BUDGET AND EXPENDITURE REPORT
 As of: March 31, 2007

| Account Number | Object Class | Object Code | Appropriation | Y-T-D Allotment | Y-T-D Exp./Enc. | Funds Available: | *Per payperiod Expenditure | Total proj. Req. for rem. of FY 2007 | **Anticipated Lapses/Shortfall | Unallotted Balance: |
|---|--------------|-------------|----------------|-----------------|-----------------|------------------|----------------------------|--------------------------------------|--------------------------------|---------------------|
| PERSONNEL SERVICES | | | | | | | | | | |
| Administration | | | | | | | | | | |
| 5100A070900GA001-111 | Salaries | 111 | \$267,090.50 | \$153,318.50 | \$141,561.92 | \$11,756.58 | \$10,831.20 | \$151,636.80 | (\$26,108.22) | \$113,772.00 |
| 5100A070900GA001-113 | Benefits | 113 | \$84,355.00 | \$47,972.00 | \$36,809.96 | \$11,162.04 | \$2,894.69 | \$40,525.66 | \$7,019.38 | \$36,383.00 |
| Planning Information Program | | | | | | | | | | |
| 5100A070910SE004-111 | Salaries | 111 | \$171,993.00 | \$90,812.00 | \$82,681.12 | \$8,130.88 | \$6,828.00 | \$95,592.00 | (\$6,280.12) | \$81,181.00 |
| 5100A070910SE004-113 | Benefits | 113 | \$51,373.00 | \$26,969.00 | \$21,170.88 | \$5,798.12 | \$1,769.08 | \$24,767.12 | \$5,435.00 | \$24,404.00 |
| Socio-Economic Planning Program | | | | | | | | | | |
| 5100A070920SE005-111 | Salaries | 111 | \$94,816.00 | \$50,316.00 | \$45,945.60 | \$4,370.40 | \$3,828.80 | \$53,603.20 | (\$4,732.80) | \$44,500.00 |
| 5100A070920SE005-113 | Benefits | 113 | \$28,323.00 | \$14,515.00 | \$10,886.70 | \$3,628.30 | \$906.30 | \$12,688.20 | \$4,748.10 | \$13,808.00 |
| Chief Economist's Office | | | | | | | | | | |
| 5100A070904GA001-111 | Salaries | 111 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5100A070904GA001-113 | Benefits | 113 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Business & Economic Statistics Program | | | | | | | | | | |
| 5100A070932E1001-111 | Salaries | 111 | \$253,098.00 | \$133,946.00 | \$123,412.80 | \$10,533.20 | \$10,246.40 | \$143,449.60 | (\$13,764.40) | \$119,152.00 |
| 5100A070932E1001-113 | Benefits | 113 | \$98,426.00 | \$51,759.00 | \$41,279.64 | \$10,479.36 | \$3,428.35 | \$47,996.90 | \$9,149.46 | \$46,667.00 |
| Sub-total: | | | \$1,049,474.50 | \$569,607.50 | \$503,748.62 | \$65,858.88 | \$40,732.82 | \$570,259.48 | (\$24,533.60) | \$479,867.00 |
| OPERATIONS | | | | | | | | | | |
| Administration | | | | | | | | | | |
| 5100A070900GA001-220 | Travel | 220 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5100A070900GA001-230 | Contractual | 230 | \$18,041.00 | \$1,360.08 | \$1,360.08 | \$0.00 | \$272.02 | \$0.00 | \$16,680.92 | \$16,680.92 |
| 5100A070900GA001-233 | Rent | 233 | \$14,722.00 | \$12,600.00 | \$12,600.00 | \$0.00 | \$2,520.00 | \$0.00 | \$2,122.00 | \$2,122.00 |
| 5100A070900GA001-240 | Supplies | 240 | \$4,856.50 | \$1,706.25 | \$1,706.25 | \$0.00 | \$341.25 | \$0.00 | \$3,150.25 | \$3,150.25 |
| 5100A070900GA001-250 | Equipment | 250 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5100A070900GA001-271 | Drug-Test | 271 | \$75.00 | \$65.00 | \$65.00 | \$0.00 | \$13.00 | \$0.00 | \$10.00 | \$10.00 |
| 5100A070900GA001-361 | Power | 361 | \$3,917.00 | \$3,243.00 | \$3,243.00 | \$0.00 | \$648.60 | \$0.00 | \$674.00 | \$674.00 |
| 5100A070900GA001-363 | Telephone | 363 | \$7,380.00 | \$6,134.00 | \$6,133.60 | \$0.40 | \$1,226.72 | \$0.00 | \$1,246.40 | \$674.00 |
| Sub-total: | | | \$48,991.50 | \$25,108.33 | \$25,107.93 | \$0.40 | \$5,021.59 | \$0.00 | \$23,883.57 | \$23,883.17 |
| Chief Economist's Office | | | | | | | | | | |
| 5100A070904GA001-230 | Contractual | 230 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5100A070904GA001-240 | Supplies | 240 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5100A070904GA001-363 | Telephone | 363 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL: | | | \$1,098,466.00 | \$594,715.83 | \$528,856.55 | \$65,859.28 | \$45,754.41 | \$570,259.48 | (\$650.03) | \$503,750.17 |

User ID : . . . : BOPCGAAT
 To date : . . . : 3/28/07
 Account : . . . : 5100A0709
 Dept/Division :
 Exclude Object Codes :

| Account Number | Account Name | YTD Allotment | YTD Expenditures | O/S Encumbrance | Available Funds | Unallotted Balance |
|-----------------------------|----------------|-------------------|-------------------|------------------|------------------|--------------------|
| TOTAL APPROPRIATION | | | | | | |
| 5100A070900GA00111 | ADMINISTRATION | 153,318.50 | 141,561.92 | | 11,756.58 | 113,772.00 |
| 5100A070900GA00113 | ADMINISTRATION | 84,355.00 | 47,972.00 | | 11,152.04 | 36,383.00 |
| 5100A070900GA001220 | ADMINISTRATION | 18,041.00 | 1,360.08 | 680.04 | | 16,680.92 |
| 5100A070900GA001233 | ADMINISTRATION | 14,722.00 | 5,250.00 | 7,350.00 | | 2,122.00 |
| 5100A070900GA001240 | ADMINISTRATION | 4,856.50 | 1,706.25 | 1,074.69 | | 3,150.25 |
| 5100A070900GA001271 | ADMINISTRATION | 75.00 | 65.00 | | | 10.00 |
| 5100A070900GA001361 | ADMINISTRATION | 3,917.00 | 1,614.57 | 1,528.43 | | 674.00 |
| 5100A070900GA001363 | ADMINISTRATION | 7,380.00 | 2,755.80 | 3,377.80 | .40 | 1,246.00 |
| GA001 PROGRAM TOTALS | | 400,437.00 | 226,398.83 | 14,110.96 | 22,919.02 | 174,038.17 |

| | | | | | | |
|-----------------------------|--------------------------------|-----------------|--|--|--|--|
| 5100A070902PA0004233 | GUAM DEVELOP DISAB COUNCIL OPR | | | | | |
| 5100A070902PA0004240 | GUAM DEVELOP DISAB COUNCIL OPR | | | | | |
| 5100A070902PA0004361 | GUAM DEVELOP DISAB COUNCIL OPR | | | | | |
| 5100A070902PA0004363 | GUAM DEVELOP DISAB COUNCIL OPR | | | | | |
| PA004 PROGRAM TOTALS | | Count: 4 | | | | |

| | | | | | | |
|-----------------------------|--------------------------|-----------------|--|--|--|--|
| 5100A070904GA001111 | CHIEF ECONOMIST'S OFFICE | | | | | |
| 5100A070904GA001113 | CHIEF ECONOMIST'S OFFICE | | | | | |
| GA001 PROGRAM TOTALS | | Count: 2 | | | | |

| | | | | | | |
|---------------------|----------------------|-----------|-----------|--|----------|-----------|
| 5100A070910SE004111 | PLANNING INFORMATION | 71,993.00 | 90,812.00 | | 8,130.88 | 81,181.00 |
| 5100A070910SE004113 | PLANNING INFORMATION | 51,373.00 | 21,170.88 | | 5,798.12 | 24,404.00 |

User ID : BOPCHART
 To date : 3/2007
 Account : 5100A0709
 Dept/Division :

Exclude Object Codes:

| Account Number | Account Name | YTD Allotment | YTD Expenditures | O/S Encumbrance | Available Funds | Unallotted Balance |
|--|--------------|---------------|------------------|-----------------|-----------------|--------------------|
| SEC004 PROGRAM TOTALS | | | | | | |
| | | Count: 2 | 103,852.00 | | 13,929.00 | 105,585.00 |
| SEC005 PROGRAM TOTALS | | | | | | |
| | | Count: 2 | 56,832.30 | | 7,998.70 | 58,308.00 |
| 5100A0709206SE005111 SOCIAL ECONOMIC PLANNING | | | | | | |
| | | | 45,945.60 | | 4,370.40 | 44,500.00 |
| | | | 10,886.70 | | 3,628.30 | 13,808.00 |
| 5100A0709322E1001113 BUSINESS & ECONOMIC STATISTICS | | | | | | |
| | | | 123,412.80 | | 10,533.20 | 119,152.00 |
| | | | 41,279.64 | | 10,479.36 | 46,667.00 |
| E1001 PROGRAM TOTALS | | | | | | |
| | | Count: 2 | 164,692.44 | | 21,012.56 | 165,819.00 |
| 09 DEPARTMENT TOTALS: | | | | | | |
| | | Count: 21 | 514,745.59 | 14,110.96 | 65,859.28 | 503,750.17 |
| A07 APTYP+FY TOTALS: | | | | | | |
| | | Count: 21 | 514,745.59 | 14,110.96 | 65,859.28 | 503,750.17 |
| 100 FUND TOTALS: | | | | | | |
| | | Count: 21 | 514,745.59 | 14,110.96 | 65,859.28 | 503,750.17 |
| FINAL TOTALS | | | | | | |
| | | Count: 21 | 514,745.59 | 14,110.96 | 65,859.28 | 503,750.17 |

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: ADMINISTRATION
 FUND: SALARY
 Date: 100% GENERAL FUND

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of April 1, 2007

IBNR SP-11

| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | | (I) | (J) | | (K) | (L) | (M) | (N) | (O) | (P) | | (Q) | (R) | (S) |
|--------------|--------|--------------------------|-----------------------|-----------|---------|-----|-----------|--------|-------|----------|------------|--------|-----|-----|-------|-----|-------------|-----------------|--------|---------|--------|
| | | | | | | | Grade | Salary | | Subtotal | Retirement | | | | | | Basic (PDI) | Social Security | | | |
| 1 | ADP002 | Director | Alberto A. Labrador V | 11,377.81 | 72,200 | - | 4,267,007 | 5 | 1,489 | 75,508 | 17,242 | 16,658 | - | 0 | 1,091 | 174 | 3,781 | 312 | 22,842 | 97,479 | |
| 2 | ADP004 | Chief Planner | Walter C. Lopez | 7,116 | 34,882 | - | 2,277,009 | 5 | 775 | 36,157 | 7,861 | 7,861 | - | 0 | 564 | 174 | 3,781 | 312 | 19,898 | 67,279 | |
| 3 | ADP006 | Admin. Officer | Walter C. Lopez | 5,114 | 27,128 | - | 682,007 | 5 | 442 | 37,570 | 5,470 | 5,470 | - | 0 | 384 | 174 | 3,781 | 312 | 13,286 | 47,262 | |
| 4 | ADP008 | Administrative Assistant | Walter C. Lopez | 4,112 | 20,152 | - | 215,008 | 5 | 345 | 31,452 | 4,421 | 4,421 | - | 0 | 251 | 174 | 3,781 | 312 | 13,432 | 41,862 | |
| 5 | ADP009 | Private Secretary | Walter C. Lopez | 1,708 | 8,152 | - | - | 5 | - | - | - | - | - | 0 | - | - | - | - | - | 13,432 | 41,862 |
| Grand Total: | | | | | 263,819 | | | | 2,406 | 267,225 | 77,208 | 404 | | | 2,189 | 879 | 18,795 | 1,540 | 81,587 | 332,211 | |

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: PLANNING INFORMATION PROGRAM

FUND: SEMINARY
 Rate: 100% GENERAL FUND

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

[BBMR SP-1]

| (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (I) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | | (S) | |
|--|-----------------|------------------------|---------------------|------------|------------|----------|----------|------------|----------------------|--------------------|----------------------|---------------|------------|--------------------|-------------|--------|----------|--------|-----------|------------|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|
| No. | Position Number | Position Title | Name of Incumbent | Grade/Step | Salary | Overtime | Special* | Date | Intervent (F/Annual) | Subtotal (F+G+H+J) | Retirement (K+L+M+N) | Medical (O+P) | Dental (Q) | Total Benefits (R) | Total (K+S) | | | | | | | | | | | | | | | | | | | | | | |
| 1 | PP004 | Planner III | Celia A. Stroussart | N-14 | \$ 33,270 | \$ - | | 7/11/2007 | 468 | \$ 53,938 | \$ 12,217 | \$ - | \$ - | \$ 66,155 | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | PP005 | Planner III | Monica L. Garza | N-14 | \$ 40,864 | \$ - | | 1/9/2007 | - | \$ 49,864 | \$ 11,181 | \$ - | \$ - | \$ 61,045 | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | PP007 | Planner III | Janel A. Garza | N-14 | \$ 43,270 | \$ - | | 12/12/2006 | - | \$ 53,470 | \$ 12,111 | \$ - | \$ - | \$ 65,581 | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | PP009 | Dist. Control Clerk II | James Conliffe, Jr. | E-9 | \$ 25,571 | \$ - | | 3/2/2008 | - | \$ 25,571 | \$ 5,792 | \$ - | \$ - | \$ 31,363 | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | | | | | \$ 181,875 | \$ - | | | 468 | \$ 182,343 | \$ 41,501 | \$ 404 | \$ - | \$ 224,248 | | | | | | | | | | | | | | | | | | | | | | | |
| Night Differential/Overhours/Workers Compensation/etc. | | | | | | | | | | | | | | | | \$ 696 | \$ 8,287 | \$ 780 | \$ 54,112 | \$ 236,453 | | | | | | | | | | | | | | | | | |

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: LAND USE GIS PLANNING PROGRAM

FUND: SUMMARY
 Basis: 100% Federally Funded under Coastal Zone Management Administration Grant

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

(BBMR SP-1)

| Input by Department | | | | | | | | | | | | | Input by Requirement | | | | | | | | | | | | |
|---------------------|----------------|-------------------|------------|------------|----------|----------|-----------|-----------|----------------------|-----------------------|-------------|----------------------------|----------------------|----------|---------------|-----------------------|----------------------|---------------------------|------------|-----------|--|--|--|--|--|
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) | (R) | (S) | | | | | | | |
| Position Number | Position Title | Name of Incumbent | Grade/Step | Salary | Overhead | Special* | Date | Increment | (F-C-H-I-J) Subtotal | Performance (K-22.6%) | Retro (D-H) | Social Security (6.2% * K) | Medicare (1.45% * K) | Benefits | Life (74 * E) | Medical (Premium * E) | Dental (Premium * E) | Total Benefits (L thru R) | (K + S) | | | | | | |
| 1 | GIS Manager | Victor Torres | 0-10 | \$ 50,173 | \$ - | \$ - | 5/27/2008 | \$ - | \$ 50,173 | \$ 11,487 | \$ - | \$ - | \$ - | \$ - | 174 | \$ 3,261 | \$ - | \$ 312 | \$ 15,460 | \$ 70,714 | | | | | |
| 2 | GIS Manager | Timothy Serrano | 1-6 | \$ 34,976 | \$ - | \$ - | 7/23/2007 | \$ 322 | \$ 34,976 | \$ 7,884 | \$ - | \$ - | \$ - | \$ - | 174 | \$ 3,261 | \$ - | \$ 312 | \$ 15,059 | \$ 67,368 | | | | | |
| 3 | GIS Manager | YACANE | 1-1 | \$ 21,389 | \$ - | \$ - | | \$ - | \$ 21,389 | \$ 4,845 | \$ 404 | \$ - | \$ - | \$ 110 | 174 | \$ 4,731 | \$ - | \$ 404 | \$ 10,942 | \$ 32,331 | | | | | |
| Grand Total | | | | \$ 106,538 | \$ - | \$ - | | \$ 322 | \$ 106,914 | \$ 24,216 | \$ 408 | \$ - | \$ 1,590 | \$ 522 | \$ 12,243 | \$ - | \$ 1,092 | \$ 40,431 | \$ 147,345 | | | | | | |

* Night Differential/Boarding Workers Compensation

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM
 FUND: SUMMARY
 Ref: 100% GENERAL FUND

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

(BBMR SP-1)

| Input by Department | | | | | | | | | | | | | Input by Department | | | | | | | | | | | | |
|---------------------|----------------|-------------------|------------|-----------|----------|---------|-----------|-----------------------|--------------------|------------------------|------------------------------|----------------------------|----------------------|-----------------|------------------------|----------------------|---------------------------|---------------|--|--|--|--|--|--|--|
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) | (R) | (S) | | | | | | | |
| Position Number | Position Title | Name of Incumbent | Grade/Step | Salary | Overtime | Special | Incentive | Incentive (\$ Amount) | (F+G+H+J) Subtotal | Retirement (K * 2.65%) | Retire (100) (\$15.52*60P+6) | Social Security (6.2% * K) | Medicare (1.45% * K) | Life (1.74 * E) | Medical / Premium * E) | Dental (Premium * E) | Total Benefits (L thru R) | (K + S) TOTAL | | | | | | | |
| 1 | Planner III | Mildred B. Espada | NA-13 | \$47,695 | 0 | 0 | 216/2009 | 0 | 47,695 | \$1,283 | 0 | 0 | \$692 | 174 | 4,341 | 468 | 16,477 | 64,572 | | | | | | | |
| 2 | Planner III | Ernest E. Garcia | NA-14 | \$53,470 | 0 | 0 | 527/2007 | 0 | 53,470 | \$1,411 | 0 | 0 | \$0 | 174 | \$0 | \$0 | \$1,288 | \$65,758 | | | | | | | |
| Grand Total: | | | | \$101,165 | \$0 | \$0 | | \$0 | \$101,165 | \$2,694 | \$0 | \$0 | \$692 | \$348 | \$4,741 | \$468 | \$36,162 | \$130,527 | | | | | | | |

* Night Differential/Random/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM
 FUND: SUMMARY
 Ratio: 100% FEDERAL FUND

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

(BBMR SP-1)

| (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (I) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | | (S) | |
|--------------|-----------------|--------------------------|----------------------|------------|-----------|----------|----------|------------|-----------|-----------|-----------|------------------------|-------------|----------------------------|----------------------|---------|-------------------------|------------------------|--------------------------------|-----------|--------|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|
| No. | Position Number | Position Title | Incumbent Name of | Grade/Step | Salary | Overtime | Specials | Date | Increment | (P+H+I) | Subtotal | Retirement (K * 22.5%) | Retire (DD) | Social Security (6.2% * K) | Medicare (1.45% * K) | Life | Medical (I Premium * E) | Dental (I Premium * E) | Treat Benefits (I, II, III, R) | (R + S) | | | | | | | | | | | | | | | | | |
| 1 | GC/M/P01 | Administrator | Example C.J. Lipson | PL5 | \$68,648 | \$ | | 5/17/2006 | \$ | \$ | 65,648 | 14,869 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 20,068 | 85,716 | | | | | | | | | | | | | | | | |
| 2 | GC/M/P02 | Planner III | Amalia Padron | ML13 | 47,695 | \$ | | 8/1/2007 | \$ | 692 | 48,387 | 10,969 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 17,048 | 65,435 | | | | | | | | | | | | | | | | |
| 3 | GC/M/P03 | Planner III | Raymond V.C. Caserio | ML14 | 49,364 | \$ | | 10/20/06 | \$ | - | 49,364 | 11,181 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 16,134 | 65,499 | | | | | | | | | | | | | | | | |
| 4 | GC/M/P04 | Program Coordinator III | Thomas L. Quinones | ML13 | 47,695 | \$ | | 11/20/2006 | \$ | - | 47,695 | 11,065 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 16,134 | 64,824 | | | | | | | | | | | | | | | | |
| 5 | GC/M/P05 | Planner III | Edgar A. Comarero | ML10 | 43,018 | \$ | | 9/4/2006 | \$ | - | 43,018 | 9,744 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 15,750 | 58,768 | | | | | | | | | | | | | | | | |
| 6 | GC/M/P07 | Planner III | Teresa M. Perez | ML12 | 46,082 | \$ | | 9/29/2007 | \$ | 134 | 46,216 | 10,448 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 15,375 | 61,591 | | | | | | | | | | | | | | | | |
| 8 | GC/M/P10 | Administrative Assistant | Nidia H. Larracuena | J-9 | 33,366 | \$ | | 2/27/2006 | \$ | - | 33,366 | 7,233 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 12,284 | 45,650 | | | | | | | | | | | | | | | | |
| 9 | GC/M/P11 | Planner II | VACANT | L-1 | 26,420 | \$ | | | \$ | - | 26,420 | 6,007 | \$ | \$ | \$ | 174 | \$ | \$ | \$ | 11,774 | 38,194 | | | | | | | | | | | | | | | | |
| Grand Total: | | | | | \$150,248 | \$0 | \$0 | | \$229 | \$504,117 | \$414,250 | \$0 | \$0 | \$0 | \$5,240 | \$1,392 | \$31,508 | \$3,120 | \$125,570 | \$487,687 | | | | | | | | | | | | | | | | | |

* Night Differential/Standby/Worker's Compensation/etc.

Input by Department

Input by Department

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)
 FUND: SUMMARY
 Rate: 100% Federally Funded

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

[BBAR SP-1]

| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | | (I) | (J) | (K) | (L) | (M) | (N) | (O) | | (P) | | (R) | (S) | | | | | | | | | |
|--------------|-----------------|--------------------------|-----------------------|------------|-----------|----------|-----------|-----------|--------|-----------|------------------------|---------------|----------------------------|----------------------|---------------|-----------------------|----------------------|---------------------------|-------------|-----------|-------|------|------|----------|--------|----------|--------|-----------|------------|
| | | | | | | | Incumbent | Increment | | | | | | | Life | Medical | Postal | Total Benefits | | | (K+S) | | | | | | | | |
| No. | Position Number | Position Title | Name of Incumbent | Grade/Step | Salary | Overtime | Spec'd | Date | Amount | (P+G+H+J) | Retirement (K * 2.04%) | Retire (0.01) | Social Security (6.5% * K) | Medicare (1.45% * K) | Life (74 * E) | Medical (Premium * E) | Postal (Premium * E) | Total Benefits (L thru R) | (K+S) TOTAL | | | | | | | | | | |
| 1 | RYANSON01 | Referee III | Lois E. Leon Guerrero | NS12 | \$ 46,082 | \$ - | \$ - | 1/29/2008 | \$ - | \$ 46,082 | \$ 10,438 | \$ - | \$ - | \$ - | \$ 74 | \$ 74 | \$ - | \$ 154 | \$ 61,424 | | | | | | | | | | |
| 2 | RYANSON03 | Administrative Assistant | Jodie Rose U. Nedberg | J9 | \$ 33,266 | \$ - | \$ - | 8/10/2008 | \$ - | \$ 33,266 | \$ 7,535 | \$ - | \$ - | \$ - | \$ 174 | \$ 174 | \$ - | \$ 312 | \$ 42,530 | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total: | | | | | | | | | | \$ 79,348 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 79,348 | \$ 17,973 | \$ - | \$ - | \$ - | \$ 1,151 | \$ 348 | \$ 7,502 | \$ 631 | \$ 27,697 | \$ 106,945 |

* Night Differential/Travel Allowance/Workers' Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: INTERJURISDICTIONAL FISHERIES ACT GRANT PROGRAM (100% FEDERALLY FUNDED)
 FUND: SEAMARK
 Rate: 100% Federally Funded

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

[BRMR SP-1]

| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) | (R) | (S) |
|-----------------|-----------------------|----------------------|------------|-----------|----------|---------|-------------|-----------|--------------------|--------------------------------|----------------------------|----------------------------|----------------------|----------------|-----------------------|----------------------|---------------------------|---------------|
| Position Number | Position TITLE | Name of Incumbent | Grade/Step | Salary | Overtime | Spouse* | Base | Increment | (F-C+H-J) Subtotal | Retirement (8.226% of (K+L+M)) | Redire (DBI) (515.57*APPE) | Social Security (6.2% * K) | Medicare (1.45% * K) | Life (174 * E) | Medical (Premium * E) | Dental (Premium * E) | Total Benefits (L thru R) | (K + S) TOTAL |
| 1 | Keyboard Operator I | Emily M.C. Balboa | E-4 | \$ 19,729 | \$ - | - | \$ 9,262.20 | \$ 87 | \$ 19,865 | \$ 1,590 | \$ 404 | \$ - | \$ 288 | \$ 174 | \$ 1,311 | \$ 112 | \$ 2,267 | \$ 20,295 |
| 2 | Data Control Clerk II | Patricia M. Guerrero | E-4 | \$ 20,962 | \$ - | - | \$ 9,711.20 | \$ 184 | \$ 21,126 | \$ 1,735 | \$ 404 | \$ - | \$ 306 | \$ 174 | \$ 1,312 | \$ 186 | \$ 2,257 | \$ 20,463 |
| 3 | | | | | | | | | | | | | | | | | | |
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| | | Grand Total: | | \$ 40,211 | \$ - | \$ - | \$ - | \$ 271 | \$ 40,992 | \$ 9,285 | \$ 808 | \$ - | \$ 594 | \$ 348 | \$ 5,363 | \$ 466 | \$ 16,767 | \$ 57,258 |

* Night Differential/Standby/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)
 FUND: SUMMARY
 Ratio: 100% Federally Funded

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

(BRMR-SP-1)

| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | | (Q) | (R) | (S) |
|-----|-----------------|------------------------|--------------------|-------|-----------|----------|----------|-----------|-----------|--------------------|------------------------|------------------------------|----------------------------|----------------------|--------------|-----------------------|----------------------|----------------------------|---------------|-----|
| | | | | | | | Date | Increment | | | | | | | | Medical | Dental | | | |
| No. | Position Number | Position Title | Name of Incumbent | Grade | Salary | Overtime | Special* | Date | Increment | (P+G+H+J) Subtotal | Retirement (R * 2.65%) | Retire (DBI) (\$15.52*20P+E) | Social Security (6.2% * N) | Medicare (1.45% * K) | Life 174 * E | Medical (Premium * E) | Dental (Premium * E) | Total Benefits (I, thru R) | (R * S) TOTAL | |
| 1 | GDJDC001 | Director, DDC | Manuel Cruz | P-10 | \$55,274 | \$0 | \$0 | 1/24/2009 | \$0 | \$55,274 | \$1,250 | \$684 | \$0 | \$801 | \$174 | \$3,751 | \$12 | \$17,962 | \$75,236 | |
| 2 | GDJDC002 | Program Coordinator IV | Francisco Reyes | N-11 | 48,127 | 0 | 0 | 6/11/2007 | 411 | 48,227 | \$10,923 | 0 | \$599 | \$174 | \$4,741 | \$488 | \$17,996 | \$75,236 | | |
| 3 | DVC004 | Program Coordinator I | Francisco Ferguson | K-7 | 31,386 | 0 | 0 | 6/11/2007 | 411 | 31,697 | \$7,432 | 484 | 489 | 174 | 5,751 | 312 | 17,942 | \$6,459 | | |
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| | | | Grand Total: | | \$156,787 | \$0 | \$0 | | \$411 | \$157,198 | \$31,075 | \$808 | \$0 | \$1,989 | \$522 | \$12,243 | \$1,092 | \$47,230 | \$184,928 | |

* Night Differential/Travel/Standby/Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: OFFICE OF THE CHIEF ECONOMIST
 FUND: SUMMARY
 Fund: 100's General Fund

Government of Guam
 Fiscal Year 2007 Budget
 Agency Current Staffing Pattern
 As of: April 1, 2007

[BMR SP-1]

| (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (I) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | | (S) | |
|--------------|-----------------|-----------------|-------------------|------------|-----------|----------|----------|-----------|-----------|-----------|-----------|----------------------|------------|----------------------------|----------------------|----------|---------------|-----------------------|----------------------|---------------------------|---------------|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|
| No. | Position Number | Position Title | Name of Incumbent | Grade/Step | Salary | Overtime | Special* | DATE | Increment | (F-C-H-I) | Subtotal | Retirement (K-22.6%) | Rate (200) | Social Security (6.2% * K) | Medicare (1.45% * K) | Benefits | Life (74 * P) | Medical (Premium * E) | Dental (Premium * E) | Total Benefits (L thru R) | (K + S) TOTAL | | | | | | | | | | | | | | | | |
| 1 | BRS-013 | Chief Economist | Albert M. Feyer | GS-15 | \$ 50,440 | \$ - | \$ - | 3/31/2008 | \$ - | \$ 50,440 | \$ 50,440 | \$ 11,425 | \$ - | \$ - | \$ 731 | \$ 174 | \$ 4,741 | \$ 408 | \$ - | \$ 17,539 | \$ 67,979 | | | | | | | | | | | | | | | | |
| Grand Total: | | | | | \$ 50,440 | \$ - | \$ - | | \$ - | \$ 50,440 | \$ 50,440 | \$ 11,425 | \$ - | \$ - | \$ 731 | \$ 174 | \$ 4,741 | \$ 408 | \$ - | \$ 17,539 | \$ 67,979 | | | | | | | | | | | | | | | | |

*Night Differential/Standby/Workin's Compensation/etc.

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2003-DB-BX-0233 2003 Byrne Formula Grant | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H030920E1108 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/02 | To: (Month, Day, Year) 09/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 01/01/07 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 933,409 | 23,091 | 956,500 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 933,409 | 23,091 | 956,500 |
| d. Total unliquidated obligations | | | 358,143 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 358,143 |
| g. Total Federal share (Sum of lines c and f) | | | 1,314,643 |
| h. Total Federal funds authorized for this funding period | | | 1,324,227 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 9,584 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| A. Block/Formula passthrough: \$ | C. Forfeit: \$ | E. Expended: \$ | |
| B. Federal Fund Subgranted: \$ | D. Other: \$ | F. Unexpended: \$ | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

[Handwritten initials]

FINANCIAL STATUS REPORT

(Short Form)

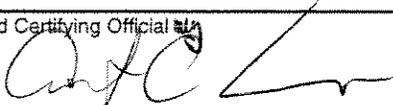
(Follow instructions on the back)

| | | | |
|--|--|--|--------------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2004-DB-BX-0054 2004 Byrne Formula Grant | OMB Approval No. 1121-0264 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | | 5. Recipient Account Number or Identifying Number 5101H040920E1108 | |
| 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/03 | | 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 1/01/2007 03/31/2007 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 756,964 | 154,997 | 911,961 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 756,964 | 154,997 | 911,961 |
| d. Total unliquidated obligations | | | 364,451 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 364,451 |
| g. Total Federal share (Sum of lines c and f) | | | 1,276,412 |
| h. Total Federal funds authorized for this funding period | | | 1,404,775 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 128,363 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2005-DJ-BX-0071 2005 Byrne Justice Assistance Grant | OMB Approval No. 1121-0264 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H050920E1108 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | To: (Month, Day, Year) 09/30/08 | 9. Period Covered by this Report From: (Month, Day, Year) 01/1/2007 | To: (Month, Day, Year) 3/31/2007 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 114,146 | 37,230 | 151,376 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 114,146 | 37,230 | 151,376 |
| d. Total unliquidated obligations | | | 664,319 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 664,319 |
| g. Total Federal share (Sum of lines c and f) | | | 815,695 |
| h. Total Federal funds authorized for this funding period | | | 1,238,750 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 423,055 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|---|-----------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2006-DJ-BX-0017 2006 Byrne Justice Assistance Grant | OMB Approval No. 1121-0264 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | | 5. Recipient Account Number or Identifying Number 5101H060920EI108 | |
| 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/05 | | 9. Period Covered by this Report To: (Month, Day, Year) 09/30/09 | |
| From: (Month, Day, Year) 1/01/2007 | | To: (Month, Day, Year) 03/31/07 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 1,189 | 1,189 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 1,189 | 1,189 |
| d. Total unliquidated obligations | | | 442,168 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 442,168 |
| g. Total Federal share (Sum of lines c and f) | | | 443,357 |
| h. Total Federal funds authorized for this funding period | | | 730,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 286,643 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| e. Federal Share | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2005-RT-BX-0054 2005 RSAT | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H050920SE107 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | To: (Month, Day, Year) 09/30/08 | 9. Period Covered by this Report From: (Month, Day, Year) 01/1/2007 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 734 | 734 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 734 | 734 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 734 |
| h. Total Federal funds authorized for this funding period | | | 135,913 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 135,179 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |



FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

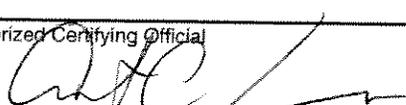
| | | | |
|--|--|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2003-RT-BX-0043 2003 RSAT | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H030920SE107 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/02 | | 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 01/01/07 03/31/07 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 28,588 | 11,213 | 39,801 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 28,588 | 11,213 | 39,801 |
| d. Total unliquidated obligations | | | 205,023 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 205,023 |
| g. Total Federal share (Sum of lines c and f) | | | 244,824 |
| h. Total Federal funds authorized for this funding period | | | 247,195 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 2,371 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

9

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

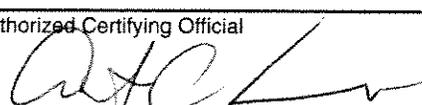
| | | | | | | | |
|---|--|--|---------|--|---|---|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2006-RT-BX-0059 2006 RSAT | | OMB Approval No. 1121-0264 Expires: 01/31/2006 | | Page of 1 / 1 pages | |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS QUARTERLY REPORT P.O. BOX 2950 HAGATNA, GUAM 96932 | | | | | | | |
| 4. Employer Identification Number 98-0017947 | | 5. Recipient Account Number or Identifying Number 5101H060920SE107 | | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/05 | | To: (Month, Day, Year) 09/30/09 | | 9. Period Covered by this Report From: (Month, Day, Year) 01/01/07 | | To: (Month, Day, Year) 03/31/07 | |
| 10. Transactions: | | | | I Previously Reported | II This Period | III Cumulative | |
| a. Total outlays | | | | 0 | 0 | 0 | |
| b. Recipient share of outlays | | | | 0 | 0 | 0 | |
| c. Federal share of outlays | | | | 0 | 0 | 0 | |
| d. Total unliquidated obligations | | | | | | 0 | |
| e. Recipient share of unliquidated obligations | | | | | | 0 | |
| f. Federal share of unliquidated obligations | | | | | | 0 | |
| g. Total Federal share (Sum of lines c and f) | | | | | | 0 | |
| h. Total Federal funds authorized for this funding period | | | | | | 39,891 | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | | | 39,891 | |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | | | |
| | | b. Rate | c. Base | d. Total Amount | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | | | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | | | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | | |
| Signature of Authorized Certifying Official  | | | | | Date Report Submitted APR 30 2007 | | |

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2005-LB-BX-0001 2005 LLEBG | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H050920SE106 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 08/09/05 | To: (Month, Day, Year) 08/08/07 | 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 01/01/2007 03/31/2007 | |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 8,747 | 7,175 | 15,922 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 8,747 | 7,175 | 15,922 |
| d. Total unliquidated obligations | | | 241,435 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 241,435 |
| g. Total Federal share (Sum of lines c and f) | | | 257,357 |
| h. Total Federal funds authorized for this funding period | | | 263,250 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 5,893 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Program Income: A. Block/Formula Pass Through - \$ -0- C. Forfeit - \$ E. Expended - \$ -0- B. Federal Funds Subgrant - \$ D. Other - \$ F. Unexpended - \$ | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1-671-472-4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|---|--------------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2006-DN-BX-0044 2006 Paul Coverdell Forensic Imp. Grant | OMB Approval No. 1121-0264 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | | 5. Recipient Account Number or Identifying Number | |
| 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/01/06 | | To: (Month, Day, Year) 09/30/07 | |
| 9. Period Covered by this Report From: (Month, Day, Year) 1/1/2007 | | To: (Month, Day, Year) 03/31/07 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 0 | 0 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | 82,735 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 82,735 |
| g. Total Federal share (Sum of lines c and f) | | | 82,735 |
| h. Total Federal funds authorized for this funding period | | | 91,015 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 8,280 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| e. Federal Share | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--------------------------------------|--------------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2004-GP-CX-0701 2004 Project Safe Neighborhoods | OMB Approval No. 1121-0264 | Page of 1 / 1 pages |
|---|--|--------------------------------------|--------------------------------------|

| | | |
|--|--|-------------------------|
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | QUARTERLY REPORT |
|--|--|-------------------------|

| | | | |
|--|--|--|---|
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H050920SE101 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
|--|--|--|---|

| | | | |
|---|---|---|---|
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | To: (Month, Day, Year) 09/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 1/1/2007 | To: (Month, Day, Year) 03/31/2007 |
|---|---|---|---|

| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
|---|--------------------------|-------------------|-------------------|
| a. Total outlays | 45,184 | 11,437 | 56,621 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 45,184 | 11,437 | 56,621 |
| d. Total unliquidated obligations | | | 274,638 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 274,638 |
| g. Total Federal share (Sum of lines c and f) | | | 331,259 |
| h. Total Federal funds authorized for this funding period | | | 362,038 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 30,779 |

| | | | | |
|----------------------|--|---------|-----------------|------------------|
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.

| | |
|---|---|
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | Telephone (Area code, number and extension) 1- 671- 472 -4201 |
|---|---|

| | |
|---|---|
| Signature of Authorized Certifying Official | Date Report Submitted APR 30 2007 |
|---|---|

Handwritten initials

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2006-GP-CX-0059 2006 Project Safe Neighborhoods | OMB Approval No. 1121-0264 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 09/30/09 | 9. Period Covered by this Report From: (Month, Day, Year) 1/1/2007 | To: (Month, Day, Year) 3/31/2007 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 0 | 0 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 0 |
| h. Total Federal funds authorized for this funding period | | | 73,334 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 73,334 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | | |
|--|--|--|---|-------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Health and Human Services Administration for Children and Families (ACF) | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency G-0501GUBS87 2005 GDDC | OMB Approval No. 1121-0264 Expires 01/31/2006 | Page of 1 / 1 pages | |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H050902PA108 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | To: (Month, Day, Year) 09/30/06 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 | |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | | 229,645 | 1,124 | 230,769 |
| b. Recipient share of outlays | | 0 | 0 | 0 |
| c. Federal share of outlays | | 229,645 | 1,124 | 230,769 |
| d. Total unliquidated obligations | | | | 3,982 |
| e. Recipient share of unliquidated obligations | | | | 0 |
| f. Federal share of unliquidated obligations | | | | 3,982 |
| g. Total Federal share (Sum of lines c and f) | | | | 234,751 |
| h. Total Federal funds authorized for this funding period | | | | 238,834 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | 4,083 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Acting Director Bureau of Statistics and Plans | | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | | Date Report Submitted APR 30 2007 | |

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Health and Human Services Administration for Children and Families (ACF) | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency G-0601GUBS87 2006 GDDC | OMB Approval No. 1121-0264 Expires 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: right;"> SEMI-ANNUAL REPORT </div> </div> | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H060902PA108 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/05 | To: (Month, Day, Year) 09/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 49,500 | 117,009 | 166,509 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 49,500 | 117,009 | 166,509 |
| d. Total unliquidated obligations | | | 22,690 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 22,690 |
| g. Total Federal share (Sum of lines c and f) | | | 189,199 |
| h. Total Federal funds authorized for this funding period | | | 238,053 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 48,854 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | | | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Acting Director Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Health and Human Services Administration for Children and Families (ACF) | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency G-0701GUBS87 2007 GDCC | OMB Approval No. 1121-0264 Expires 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS SEMI-ANNUAL REPORT P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H070902PA108 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/05 | To: (Month, Day, Year) 09/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 0 | 0 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 0 |
| h. Total Federal funds authorized for this funding period | | | 240,134 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 240,134 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Acting Director Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

Handwritten initials

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA / OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number
NA05NOS4261188

5. Recipient's account number or identifying number
5101E060930E114

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

FROM (month, day, year)
10/01/06

TO (month, day, year)
03/31/2007

11. STATUS OF FEDERAL CASH

(See specific instructions on the back)

| | | |
|--|----|------|
| a. Cash on hand beginning of reporting period | \$ | 0.00 |
| b. Letter of credit withdrawals | | 0.00 |
| c. Treasury check payments | | 0.00 |
| d. Total receipts (Sum of lines b and c) | | 0.00 |
| e. Total cash available (Sum of lines a and d) | | 0.00 |
| f. Gross disbursements | | 0.00 |
| g. Federal share of program income | | 0.00 |
| h. Net disbursements (Line f minus line g) | | 0.00 |
| i. Adjustments of prior periods | | 0.00 |
| j. Cash on hand end of period | \$ | 0.00 |

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

| | | |
|--|----|--|
| a. Interest income | \$ | |
| b. Advances to subgrantees or subcontractors | \$ | |

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED
CERTIFYING
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Acting Director
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2007

TELEPHONE (Area Code, Number, Extension)

671-472-4201

THIS SPACE FOR AGENCY USE

my

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF COMMERCE NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA05NOS4261188 2005 Coral Reef Monitoring Grant | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS SEMI-ANNUAL REPORT P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101E060930EI114 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/05 | To: (Month, Day, Year) 09/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 0 | 0 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | 99,857 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 99,857 |
| g. Total Federal share (Sum of lines c and f) | | | 99,857 |
| h. Total Federal funds authorized for this funding period | | | 99,857 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 0 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

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FEDERAL CASH TRANSACTIONS REPORT

OMB APPROVAL NO. 0348-0003

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA / OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number
NA06NOS4260114

5. Recipient's account number or identifying number
5101H070930E1114

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

FROM (month, day, year)

10/01/2006

TO (month, day, year)

03/31/2007

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

| | | |
|--|----|------|
| a. Cash on hand beginning of reporting period | \$ | 0.00 |
| b. Letter of credit withdrawals | | 0.00 |
| c. Treasury check payments | | 0.00 |
| d. Total receipts (Sum of lines b and c) | | 0.00 |
| e. Total cash available (Sum of lines a and d) | | 0.00 |
| f. Gross disbursements | | 0.00 |
| g. Federal share of program income | | 0.00 |
| h. Net disbursements (Line f minus line g) | | 0.00 |
| i. Adjustments of prior periods | | 0.00 |
| j. Cash on hand end of period | \$ | 0.00 |

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

| | | |
|--|----|--|
| a. Interest income | \$ | |
| b. Advances to subgrantees or subcontractors | \$ | |

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Acting Director
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2007

TELEPHONE (Area Code, Number, Extension)

671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF COMMERCE NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA06NOS4260114 2006 Coral Reef Monitoring Grant | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS SEMI-ANNUAL REPORT P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H070930E114 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/08 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 0 | 0 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 0 |
| h. Total Federal funds authorized for this funding period | | | 128,095 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 128,095 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | | | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

Handwritten initials

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|---|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency CRI - GU - 5 2005 Coral Reef Initiative | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0018947 | | 5. Recipient Account Number or Identifying Number 5101H050930EI113 | |
| 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 11/01/04 | | To: (Month, Day, Year) 10/31/06 | |
| 9. Period Covered by this Report From: (Month, Day, Year) 1/1/2007 | | To: (Month, Day, Year) 3/31/2007 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 249,455 | 23,004 | 272,459 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 249,455 | 23,004 | 272,459 |
| d. Total unliquidated obligations | | | 180,905 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 180,905 |
| g. Total Federal share (Sum of lines c and f) | | | 453,364 |
| h. Total Federal funds authorized for this funding period | | | 483,196 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 29,832 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| e. Federal Share | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

4/28/07

mlj

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency CRI - GU - 6 2006 Coral Reef Initiative | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 SEMI-ANNUAL REPORT | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H060930EI115 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 11/01/05 | | 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 11/30/08 10/1/2006 03/31/2007 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 50,956 | 25,578 | 76,534 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 50,956 | 25,578 | 76,534 |
| d. Total unliquidated obligations | | | 228,199 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 228,199 |
| g. Total Federal share (Sum of lines c and f) | | | 304,733 |
| h. Total Federal funds authorized for this funding period | | | 449,562 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 144,829 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| e. Federal Share | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

Handwritten initials/signature

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p style="text-align: center;">CRI - GU - 07</p> 2007 Coral Reef Initiative | OMB Approval No. <p style="text-align: center;">1121-0264</p> Expires: 01/31/2006 | Page of <p style="text-align: center;">1 / 1</p> pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: right;"> QUARTERLY REPORT </div> </div> | | | |
| 4. Employer Identification Number <p style="text-align: center;">98-0018947</p> | 5. Recipient Account Number or Identifying Number <p style="text-align: center;">5101H070930EI115</p> | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <p style="text-align: center;">10/01/06</p> | To: (Month, Day, Year) <p style="text-align: center;">10/31/09</p> | 9. Period Covered by this Report From: (Month, Day, Year) <p style="text-align: center;">10/01/06</p> | To: (Month, Day, Year) <p style="text-align: center;">03/31/07</p> |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 7,076 | 7,076 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 7,076 | 7,076 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 7,076 |
| h. Total Federal funds authorized for this funding period | | | 365,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 357,924 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | | | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) <p style="text-align: center;">1- 671- 472 -4201</p> | |
| Signature of Authorized Certifying Official  | | Date Report Submitted <p style="text-align: center;">APR 30 2007</p> | |

A. Lamorena

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA / OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number

NA04NOS4190037

5. Recipient's account number or identifying number

5101H050930CE101/2/3

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

10/01/06

TO (month, day, year)

03/31/2007

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$ 13,605.13

b. Letter of credit withdrawals

23,300.75

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

23,300.75

e. Total cash available (Sum of lines a and d)

36,905.88

f. Gross disbursements

79,269.24

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

79,269.24

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

\$ -42,363.36

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Acting Director
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2007

TELEPHONE (Area Code, Number, Extension)

671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

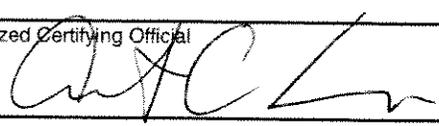
(Follow instructions on the back)

| | | | |
|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA04NOS4190037 2005 GCMP 306 | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H050930CE101 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | | 9. Period Covered by this Report To: (Month, Day, Year) 09/30/07 | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | |
| 9. Period Covered by this Report To: (Month, Day, Year) 09/30/07 | | 9. Period Covered by this Report To: (Month, Day, Year) 03/31/07 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 653,833 | 17,107 | 670,940 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 653,833 | 17,107 | 670,940 |
| d. Total unliquidated obligations | | | 102,586 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 102,586 |
| g. Total Federal share (Sum of lines c and f) | | | 773,526 |
| h. Total Federal funds authorized for this funding period | | | 922,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 148,474 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V , ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

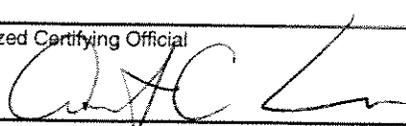
| | | | | | | | |
|---|--|--|---|--|---|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA04NOS4190037 <small>2005 GCMP 309</small> | | OMB Approval No. 1121-0264 Expires: 01/31/2006 | | Page of 1 / 1 pages | |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS SEMI-ANNUAL REPORT P.O. BOX 2950 HAGATNA, GUAM 96932 | | | | | | | |
| 4. Employer Identification Number 98-0018947 | | 5. Recipient Account Number or Identifying Number 5101H050930CE102 | | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | | | To: (Month, Day, Year) 09/30/07 | | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | | | | I Previously Reported | II This Period | III Cumulative | |
| a. Total outlays | | | | 16,728 | 990 | 17,718 | |
| b. Recipient share of outlays | | | | 0 | 0 | 0 | |
| c. Federal share of outlays | | | | 16,728 | 990 | 17,718 | |
| d. Total unliquidated obligations | | | | | | 0 | |
| e. Recipient share of unliquidated obligations | | | | | | 0 | |
| f. Federal share of unliquidated obligations | | | | | | 0 | |
| g. Total Federal share (Sum of lines c and f) | | | | | | 17,718 | |
| h. Total Federal funds authorized for this funding period | | | | | | 77,000 | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | | | 59,282 | |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | | | |
| | | b. Rate | c. Base | d. Total Amount | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | | | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, ACTING DIRECTOR Bureau of Statistics and Plans | | | | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | | |
| Signature of Authorized Certifying Official  | | | | | Date Report Submitted APR 30 2007 | | |

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA04NOS4190037 2005 GCMP 310 | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 SEMI-ANNUAL REPORT | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H050930CE103 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | To: (Month, Day, Year) 09/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 61,172 | 61,172 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 61,172 | 61,172 |
| d. Total unliquidated obligations | | | 10,828 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 10,828 |
| g. Total Federal share (Sum of lines c and f) | | | 72,000 |
| h. Total Federal funds authorized for this funding period | | | 72,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 0 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| e. Federal Share | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

FEDERAL CASH TRANSACTIONS REPORT

OMB APPROVAL NO. 0348-0003

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA / OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number
NA05NOS4191171

5. Recipient's account number or identifying number
5101H060930CE101/2/3

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

10/01/06

TO (month, day, year)

03/31/2007

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

| | |
|--|---------------|
| a. Cash on hand beginning of reporting period | \$ -60,254.03 |
| b. Letter of credit withdrawals | 78,731.40 |
| c. Treasury check payments | 0.00 |
| d. Total receipts (Sum of lines b and c) | 78,731.40 |
| e. Total cash available (Sum of lines a and d) | 18,477.37 |
| f. Gross disbursements | 21,225.87 |
| g. Federal share of program income | 0.00 |
| h. Net disbursements (Line f minus line g) | 21,225.87 |
| i. Adjustments of prior periods | 0.00 |
| j. Cash on hand end of period | \$ -2,748.50 |

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

| | |
|--|----|
| a. Interest income | \$ |
| b. Advances to subgrantees or subcontractors | \$ |

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED
CERTIFYING
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Acting Director
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2007

TELEPHONE (Area Code, Number, Extension)

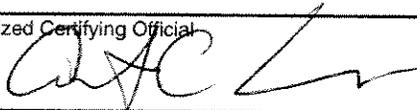
671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

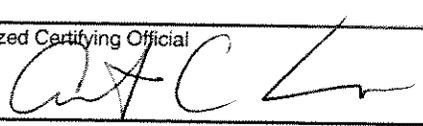
| | | | |
|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA05NOS4191171 2006 GCMP 306 | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 <div style="text-align: right;">SEMI-ANNUAL REPORT</div> | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H060930CE101 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/05 | To: (Month, Day, Year) 03/31/08 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 574,454 | 0 | 574,454 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 574,454 | 0 | 574,454 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 574,454 |
| h. Total Federal funds authorized for this funding period | | | 844,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 269,546 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

Handwritten initials

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | | | | | | | | | |
|--|--|--|---|--|---|---|--|---|--|--|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NAO5NOS4191171 2006 GCMP 309 | | OMB Approval No. 1121-0264 Expires: 01/31/2006 | | Page of 1 / 1 pages | | | | | |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | | | | | | SEMI-ANNUAL REPORT | | | |
| 4. Employer Identification Number 98-0018947 | | 5. Recipient Account Number or Identifying Number 5101H060930CE102 | | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | | | | | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/01/05 | | | To: (Month, Day, Year) 03/31/08 | | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | | | To: (Month, Day, Year) 03/31/07 | | | |
| 10. Transactions: | | | | I Previously Reported | II This Period | III Cumulative | | | | | |
| a. Total outlays | | | | 0 | 0 | 0 | | | | | |
| b. Recipient share of outlays | | | | 0 | 0 | 0 | | | | | |
| c. Federal share of outlays | | | | 0 | 0 | 0 | | | | | |
| d. Total unliquidated obligations | | | | | | 0 | | | | | |
| e. Recipient share of unliquidated obligations | | | | | | 0 | | | | | |
| f. Federal share of unliquidated obligations | | | | | | 0 | | | | | |
| g. Total Federal share (Sum of lines c and f) | | | | | | 0 | | | | | |
| h. Total Federal funds authorized for this funding period | | | | | | 77,000 | | | | | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | | | 77,000 | | | | | |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | | | | | | | |
| | | b. Rate | | c. Base | | d. Total Amount | | e. Federal Share | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | | | | | | | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, ACTING DIRECTOR Bureau of Statistics and Plans | | | | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | | | | | | |
| Signature of Authorized Certifying Official  | | | | | Date Report Submitted APR 30 2007 | | | | | | |

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA05NOS4191171 2006 GCMP 310 | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 SEMI-ANNUAL REPORT | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H060930CE103 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/05 | To: (Month, Day, Year) 03/31/08 | 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 10/01/06 03/31/07 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 0 | 0 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 0 |
| h. Total Federal funds authorized for this funding period | | | 40,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 40,000 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA / OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number

NA06NOS4190236

5. Recipient's account number or identifying number

5101H070930CE101/2/3

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

10/01/06

TO (month, day, year)

03/31/2007

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

11. STATUS OF FEDERAL CASH

(See specific instructions on the back)

| | |
|--|------------|
| a. Cash on hand beginning of reporting period | \$ 0.00 |
| b. Letter of credit withdrawals | 243,191.35 |
| c. Treasury check payments | 0.00 |
| d. Total receipts (Sum of lines b and c) | 243,191.35 |
| e. Total cash available (Sum of lines a and d) | 243,191.35 |
| f. Gross disbursements | 243,191.35 |
| g. Federal share of program income | 0.00 |
| h. Net disbursements (Line f minus line g) | 243,191.35 |
| i. Adjustments of prior periods | 0.00 |
| j. Cash on hand end of period | \$ 0.00 |

12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED
CERTIFYING
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Acting Director
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2007

TELEPHONE (Area Code, Number, Extension)

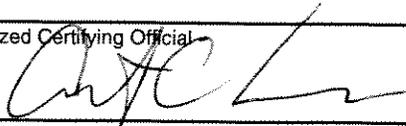
671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA06NOS4190236 2007 GCMP 306 | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H070930CE101 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/08 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 243,191 | 243,191 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 243,191 | 243,191 |
| d. Total unliquidated obligations | | | 31,329 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 31,329 |
| g. Total Federal share (Sum of lines c and f) | | | 274,520 |
| h. Total Federal funds authorized for this funding period | | | 866,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 591,480 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V , ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

9/4/20/07

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA06NOS4190236 2007 GCMP 309 | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 SEMI-ANNUAL REPORT | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H070930CE102 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/08 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 To: (Month, Day, Year) 03/31/07 | |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 0 | 0 | 0 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 0 |
| h. Total Federal funds authorized for this funding period | | | 77,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 77,000 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| | b. Rate | c. Base | d. Total Amount |
| | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V , ACTING DIRECTOR Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted APR 30 2007 | |

Handwritten initials/signature

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | | |
|--|--|--|---|-------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA/ OCRM | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA06NOS4190236 2007 GCMP 310 | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages | |
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | | | | |
| 4. Employer Identification Number 98-0018947 | 5. Recipient Account Number or Identifying Number 5101H070930CE103 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/08 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 | |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | | 0 | 0 | 0 |
| b. Recipient share of outlays | | 0 | 0 | 0 |
| c. Federal share of outlays | | 0 | 0 | 0 |
| d. Total unliquidated obligations | | | | 0 |
| e. Recipient share of unliquidated obligations | | | | 0 |
| f. Federal share of unliquidated obligations | | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | | 0 |
| h. Total Federal funds authorized for this funding period | | | | 70,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | 70,000 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, ACTING DIRECTOR Bureau of Statistics and Plans | | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official  | | | Date Report Submitted APR 30 2007 | |

Handwritten initials and signature

FEDERAL CASH TRANSACTIONS REPORT

OMB APPROVAL NO. 0348-0003

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA / OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number

NA04NMF4070130

5. Recipient's account number or identifying number

5101E050910DC103

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

10/01/06

TO (month, day, year)

03/31/2007

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$ -347.77

b. Letter of credit withdrawals

0.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

0.00

e. Total cash available (Sum of lines a and d)

-347.77

f. Gross disbursements

0.00

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

0.00

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

\$ -347.77

12. THE AMOUNT SHOWN ON LINE 11], ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Acting Director
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2007

TELEPHONE (Area Code, Number, Extension)

671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|--|--|---|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NAO4NMF4070130 Data Collection and Data Entry in the Management of Guam's Interjurisdictional Fishery Resources | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
|--|--|---|--|

| | |
|--|-------------------------------------|
| 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 | SEMI-ANNUAL FINANCIAL REPORT |
|--|-------------------------------------|

| | | | |
|--|--|-------------------------------------|------------------------------------|
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101E050910DC103 | 6. Final Report [] YES [X] NO | 7. Basis [] Cash [X] Accrual |
|--|--|-------------------------------------|------------------------------------|

| | | | |
|---|---|---|---|
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04 | To: (Month, Day, Year) 09/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 |
|---|---|---|---|

| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
|---|--------------------------|-------------------|-------------------|
| a. Total outlays | 23,994 | 0 | 23,994 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 23,994 | 0 | 23,994 |
| d. Total unliquidated obligations | | | 0 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 0 |
| g. Total Federal share (Sum of lines c and f) | | | 23,994 |
| h. Total Federal funds authorized for this funding period | | | 35,819 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 11,825 |

| | | | | |
|----------------------|--|-------------------|-----------------|------------------|
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) | | | |
| | [] Provisional | [] Predetermined | [] Final | [X] Fixed |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

| | | |
|------------------------------------|------------------|---------------------|
| A. Block/Formula passthrough: \$ 0 | C. Forfeit: \$ 0 | E. Expended: \$ 0 |
| B. Federal Fund Subgranted: \$ 0 | D. Other: \$ 0 | F. Unexpended: \$ 0 |

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.

| | |
|--|---|
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Acting Director Bureau of Statistics and Plans | Telephone (Area code, number and extension) 1- 671- 472 -4201 |
| Signature of Authorized Certifying Official  | Date Report Submitted APR 30 2007 |

4/25/07

FEDERAL CASH TRANSACTIONS REPORT

OMB APPROVAL NO. 0348-0003

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA / OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number
NA04NMF4070131

6. Letter of credit number

5. Recipient's account number or identifying number
5101H040910DC106

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

10/01/06

TO (month, day, year)

03/31/2007

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$ -16,819.44

b. Letter of credit withdrawals

34,733.39

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

34,733.39

e. Total cash available (Sum of lines a and d)

17,913.95

f. Gross disbursements

26,572.82

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

26,572.82

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

\$ -8,658.87

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Acting Director
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2007

TELEPHONE (Area Code, Number, Extension)

671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | |
|---|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA04NMF4370131 <small>2004 WPACFIN Cooperative Agreement Grant</small> | OMB Approval No. 1121-0264 Expires: 01/31/2006 | Page of 1 / 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: right;"> SEMI-ANNUAL REPORT </div> </div> | | | |
| 4. Employer Identification Number 98-0017947 | 5. Recipient Account Number or Identifying Number 5101H040910DC106 | 6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 07/01/04 | To: (Month, Day, Year) 06/30/07 | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 | To: (Month, Day, Year) 03/31/07 |
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 83,920 | 26,572 | 110,492 |
| b. Recipient share of outlays | 0 | 0 | 0 |
| c. Federal share of outlays | 83,920 | 26,572 | 110,492 |
| d. Total unliquidated obligations | | | 250 |
| e. Recipient share of unliquidated obligations | | | 0 |
| f. Federal share of unliquidated obligations | | | 250 |
| g. Total Federal share (Sum of lines c and f) | | | 110,742 |
| h. Total Federal funds authorized for this funding period | | | 120,000 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | 9,258 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | |
| b. Rate | c. Base | d. Total Amount | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. | | | |
| Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Acting Director Bureau of Statistics and Plans | | Telephone (Area code, number and extension) 1- 671- 472 -4201 | |
| Signature of Authorized Certifying Official | | Date Report Submitted APR 30 2007 | |