BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam

Felix P. Camacho
Governor of Guam

Michael W. Cruz, M.D.
Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932
Tel: (671) 472-4201/3
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Alberto "Tony" Lamorena V
Director

JUL 2 8 2008

The Honorable Judith T. Won Pat
Speaker
I Mina'Benti Nuebi na Liheslaturan Guahan
155 Hesler Street
Hagatna, Guam 96910

RE: Submission of FY 2008 3rd Quarter Funding/Expenditure Report

Dear Speaker Won Pat:

Pursuant to Chapter VII, Section 2 – Reporting Requirements, of Public Law 29-19, we are hereby submitting our *FY 2008 3rd Quarter Funding/Expenditure Report.*

Attached, please find the following reports:

1. FY 2008 Budget and Expenditure Report as of 06/30/08 (Local appropriation)
2. Current staffing patterns (Local and Federal Funds)
3. Financial Status Reports for the period covering 4/1/08 to 6/30/08, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Quarterly 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,

ALBERTO A. LAMORENA V
Director

Enclosures

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

BUREAU OF STATISTICS AND PLANS

FY 2008 BUDGET AND EXPENDITURE REPORT

As of: July 1, 2008

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 2008	**-Anticipated Lapses/Shortfall	Unalloted Balance:	
PERSONNEL SERVICES											
Administration											
5100A080900GA001-111	Salaries	111	$249,918.00	$198,011.00	$178,936.29	$19,074.71	$8,654.40	$62,311.68	**$8,670.03**	**$51,907.00**	
5100A080900GA001-113	Benefits	113	$76,909.00	$61,199.00	$48,958.94	$12,240.06	$2,365.89	$17,034.41	**$10,915.65**	**$15,710.00**	
Planning Information Program											
5100A080910SE004-111	Salaries	111	$188,764.00	$141,740.00	$133,035.51	$8,704.49	$7,067.20	$50,883.84	**$4,844.65**	**$47,024.00**	
5100A080910SE004-113	Benefits	113	$54,376.00	$43,471.00	$38,897.74	$4,573.26	$2,081.36	$14,985.79	**$492.47**	**$10,905.00**	
Socio-Economic Planning Program											
5100A080920SE005-111	Salaries	111	$105,796.00	$79,260.00	$75,300.80	$3,959.20	$3,963.20	$28,535.04	**$1,960.16**	**$26,536.00**	
5100A080920SE005-113	Benefits	113	$26,141.00	$22,611.00	$18,884.48	$3,726.52	$993.92	$7,156.22	**$100.30**	**$3,530.00**	
Chief Economist's Office											
5100A080904GA001-111	Salaries	111	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
5100A080904GA001-113	Benefits	113	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
Business & Economic Statistics Program											
5100A080932EI001-111	Salaries	111	$260,964.00	$200,540.00	$181,840.48	$18,699.52	$9,959.20	$71,706.24	**$7,417.28**	**$60,424.00**	
5100A080932EI001-113	Benefits	113	$91,690.00	$70,531.00	$57,460.39	$13,070.61	$3,183.21	$22,919.11	**$11,310.50**	**$21,159.00**	
		Sub-total:	**$1,054,558.00**	**$817,363.00**	**$733,314.63**	**$84,048.37**	**$38,268.38**	**$275,532.34**	**$45,711.03**	**$237,195.00**	
OPERATIONS											
Administration											
5100A080900GA001-220	Travel	220	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A080900GA001-230	Contractual	230	$10,825.00	$5,165.00	$0.00	$5,165.00	$0.00	$5,165.00	**$0.00**	**$5,660.00**	
5100A080900GA001-233	Rent	233	$16,500.00	$16,500.00	$16,500.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A080900GA001-240	Supplies	240	$5,000.00	$0.00	$0.00	$0.00	$0.00	$5,000.00	**$0.00**	**$5,000.00**	
5100A080900GA001-250	Equipment	250	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A080900GA001-271	Drug-Test	271	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A080900GA001-361	Power	361	$2,431.00	$2,431.00	$2,431.00	$0.00	$0.00	$2,000.00	**$0.00**	**$0.00**	
5100A080900GA001-363	Telephone	363	$7,600.00	$6,200.00	$6,000.00	$200.00	$1,200.00	$1,400.00	**$0.00**	**$1,400.00**	
		Sub-total:	**$42,356.00**	**$30,296.00**	**$24,931.00**	**$5,365.00**	**$1,200.00**	**$13,565.00**	**$0.00**	**$12,060.00**	
Chief Economist's Office											
5100A080904GA001-230	Contractual	230	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
5100A080904GA001-240	Supplies	240	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
5100A080904GA001-363	Telephone	363	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
			$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
		TOTAL:	**$1,096,914.00**	**$847,659.00**	**$758,245.63**	**$89,413.37**	**$39,468.38**	**$289,097.34**	**$45,711.03**	**$249,255.00**	

FISCAL YEAR 2008
DEPARTMENTAL SUMMARY
As of: June 30, 2008

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 2008 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	805,442.00	185,891.00	619,551.00	569,113.08	29,644.00	29,644.00	29,644.00	213,436.80	0.00		22,892.12
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	249,116.00	51,304.00	197,812.00	164,201.55	8,624.38	8,624.38	8,624.38	62,095.54	0.00		22,818.91
TOTAL PerSvs	**1,054,558.00**	**237,195.00**	**817,363.00**	**733,314.63**	**38,268.38**	**38,268.38**	**38,268.38**	**275,532.34**	**0.00**		**45,711.03**
220 Travel	0.00	0.00	0.00	0.00					0.00		0.00
230 Contract	10,825.00	5,660.00	5,165.00	0.00					10,825.00		0.00
233 Rent	16,500.00	0.00	16,500.00	16,500.00					0.00		0.00
240 Supplies	5,000.00	5,000.00	0.00	0.00					5,000.00		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	2,431.00	0.00	2,431.00	2,431.00					0.00		0.00
362 Water	0.00	0.00	0.00	0.00					0.00		0.00
363 Tele.	7,600.00	1,400.00	6,200.00	6,000.00					1,600.00		0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00		0.00
TOTAL Opers	**42,356.00**	**12,060.00**	**30,296.00**	**24,931.00**					**17,425.00**		**0.00**
TOTALS	**1,096,914.00**	**249,255.00**	**847,659.00**	**758,245.63**	**38,268.38**	**38,268.38**	**38,268.38**	**275,532.34**	**17,425.00**		**45,711.03**

BUDGET NOTES:

FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: June 30, 2008

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 5100A080900GA001

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 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	249,918.00	51,907.00	198,011.00	178,936.29	8,654.40	8,654.40	8,654.40	62,311.68	0.00		8,670.03
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	76,909.00	15,710.00	61,199.00	48,958.94	2,365.89	2,365.89	2,365.89	17,034.41	0.00		10,915.65
TOTAL PerSvs	**326,827.00**	**67,617.00**	**259,210.00**	**227,895.23**	**11,020.29**	**11,020.29**	**11,020.29**	**79,346.09**	**0.00**		**19,585.68**
220 Travel	0.00	0.00	0.00	0.00					0.00		0.00
230 Contract	10,825.00	5,660.00	5,165.00	0.00					10,825.00		0.00
233 Rent	16,500.00	0.00	16,500.00	16,500.00					0.00		0.00
240 Supplies	5,000.00	5,000.00	0.00	0.00					5,000.00		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	2,431.00	0.00	2,431.00	2,431.00					0.00		0.00
362 Water	0.00	0.00	0.00	0.00					0.00		0.00
363 Tele.	7,600.00	1,400.00	6,200.00	6,000.00					1,600.00		0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00		0.00
TOTAL Opers	**42,356.00**	**12,060.00**	**30,296.00**	**24,931.00**					**17,425.00**		**0.00**
TOTALS	**369,183.00**	**79,677.00**	**289,506.00**	**252,826.23**	**11,020.29**	**11,020.29**	**11,020.29**	**79,346.09**	**17,425.00**		**19,585.68**

FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: June 30, 2008

Department: BUREAU OF STATISTICS AND PLNAS
Division: PLANNING INFORMATION PROGRAM
Account No.: 5100A080910SE004

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 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	188,764.00	47,024.00	141,740.00	133,035.51	7,067.20	7,067.20	7,067.20	50,883.84	0.00		4,844.65
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	54,376.00	10,905.00	43,471.00	38,897.74	2,081.36	2,081.36	2,081.36	14,985.79	0.00		492.47
TOTAL PerSvs	**243,140.00**	**57,929.00**	**185,211.00**	**171,933.25**	**9,148.56**	**9,148.56**	**9,148.56**	**65,869.63**	**0.00**		**5,337.12**
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**					**0.00**		**0.00**
TOTALS	**243,140.00**	**57,929.00**	**185,211.00**	**171,933.25**	**9,148.56**	**9,148.56**	**9,148.56**	**65,869.63**	**0.00**		**5,337.12**

FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: June 30, 2008

Department: BUREAU OF STATISTICS AND PLANS
Division: SOCIO-ECONOMIC PLANNING PROGRAM
Account No.: 5100A080920SE005

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 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	105,796.00	26,536.00	79,260.00	75,300.80	3,963.20	3,963.20	3,963.20	28,535.04	0.00		1,960.16
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	26,141.00	3,530.00	22,611.00	18,884.48	993.92	993.92	993.92	7,156.22	0.00		100.30
TOTAL PerSvs	**131,937.00**	**30,066.00**	**101,871.00**	**94,185.28**	**4,957.12**	**4,957.12**	**4,957.12**	**35,691.26**	**0.00**		**2,060.46**
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**
TOTALS	**131,937.00**	**30,066.00**	**101,871.00**	**94,185.28**	**4,957.12**	**4,957.12**	**4,957.12**	**35,691.26**	**0.00**		**2,060.46**

FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: June 30, 2008

Department: BUREAU OF STATISTICS AND PLANS
Division: CHIEF ECONOMIST OFFICE
Account No.: 5100A080904GA001

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 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	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.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**
TOTALS	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**		**0.00**

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: ADMINISTRATION

FUND: SUMMARY

Ratio: 100% GENERAL FUND

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(E+F+G+I) Subtotal	Retirement (J*24.07%)	Retire (DDI) ($15.52*26PP)	Social Security (6.2% * J)	Medicare (1.45%*J)	Life $ 174	Medical (Premium)	Dental (Premium)	Total Benefits (K thru Q)	(J + R) TOTAL
1	ADM001	Director	Alberto A. Lamorena V	LL3(T-8)	$ 75,208	$ -	$ -		$ -	$ 75,208	$ 18,103	$ -	0	$ 1,091	$ 174	$ 2,975	$ 334	$ 22,676	$ 97,884
2	ADM002	Chief Planner	Macheile A.C. Leon Guerrero	P-17	$ 70,324	$ -	$ -	4/28/2009	$ -	$ 70,324	$ 16,927	$ -	$ -	$ -	$ 174	$ 2,975	$ 334	$ 20,410	$ 90,734
3	ADM004	WP Secretary II	Therese C. Aguon	H-14	$ 34,382	$ -	$ -	2/27/2009	$ -	$ 34,382	$ 8,276	$ -	$ -	$ -	$ 174	$ 2,975	$ 334	$ 11,759	$ 46,141
4	ADM006	Admin. Officer	Terry L. Cuabo	L-9	$ 38,454	$ -	$ -	12/8/2008	$ -	$ 38,454	$ 9,256	$ 404	$ -	$ 558	$ 174	$ 2,975	$ 334	$ 13,700	$ 52,154
5	ADM008	Administrative Assistant	Marylou S. Gogo	J-14	$ 39,491	$ -	$ -	2/15/2010	$ -	$ 39,491	$ 9,505	$ -	$ -	$ 573	$ 174	$ 2,975	$ 334	$ 13,561	$ 53,052
6	ADM003	Private Secretary	VACANT	I-08		$ -	$ -		$ -	$ -	$ -		$ -	$ -	-	$ -	-	-	$ -
			Grand Total:	----	$ 257,859	$ -	$ -	----	$ -	$ 257,859	$ 62,067	$ 404	$ -	$ 2,221	$ 870	$ 18,755	$ 1,670	$ 82,106	$ 339,965

Night Differential/Hazardous/Worker's Compensation/etc.

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM

FUND: SUMMARY

Ratio: 100% GENERAL FUND

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K * 24.07%)	Retire (DDI) ($15.52*26PP*E)	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	BES-001	Statistician II	Edwin S. Verzosa**	J-11	$ 35,618	$ -	$ -	12/17/2008	$ -	$ 35,618	$ 8,573	$ -	$ -	$ -	$ 174	$ 2,975	$ 334	$ 12,056	$ 47,674
2	BES-002	Data Control Clerk II	Peter P. Leon Guerrero	F-5	$ 22,044	$ -	$ -	8/11/2008	$ 882	$ 22,926	$ 5,518	$ 404	$ -	$ 332	$ 174	$ 1,392	$ 156	$ 7,977	$ 30,903
3	BES-003	Statistical Technician II	Selina C. Tenorio**	F-14	$ 30,355	$ -	$ -	4/21/2010		$ 30,355	$ 7,306	$ -	$ -	$ 440	$ 174	$ 1,785	$ 200	$ 9,906	$ 40,261
4	BES-004	Statistical Technician II	Bertha M. Toves**	F-14	$ 30,355	$ -	$ -	4/21/2010		$ 30,355	$ 7,306	$ -	$ -	$ 440	$ 174	$ 2,975	$ 334	$ 11,230	$ 41,585
5	BES-005	Statistician I	Antonette Pitter**	I-12	$ 34,368	$ -	$ -	6/17/2010		$ 34,368	$ 8,272	$ 404	$ -	$ 498	$ 174	$ 3,197	$ 358	$ 12,904	$ 47,272
6	BES-006	Statistician II	VACANT	J-11	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	BES-007	Statistical Technician I	VACANT	E-11	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	BES-010	Statistical Technician I	VACANT	E-8	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	BES-011	Planning Technician I	Gloria T. Ponce**	H-10	$ 29,962	$ -	$ -	3/2/2010		$ 29,962	$ 7,212	$ -	$ -	$ 434	$ 174	$ 2,083	$ 233	$ 10,136	$ 40,098
10	BES-012	Statistical Technician I	Marietta Balbastro**	E-10	$ 24,984	$ -	$ -	11/12/2009		$ 24,984	$ 6,014	$ -	$ -	$ 362	$ 174	$ 2,083	$ 233	$ 8,866	$ 33,850
11	BES-013	Chief Economist	Albert M. Perez	Q-6	$ 52,458	$ -	$ -	3/5/2009	$	$ 52,458	$ 12,627	$ -	$ -	$ 761	$ 174	$ 2,975	$ 334	$ 16,870	$ 69,328
			Grand Total:	----	$260,144	$0	$0	----	$882	$261,026	$62,829	$808	$0	$3,268	$1,392	$19,465	$2,182	$89,944	$350,970

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: PLANNING INFORMATION PROGRAM

FUND: SUMMARY

Ratio: 100% GENERAL FUND

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K *24.07%)	Retire (DDI) ($15.52*26PP*E)	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	PIP004	Planner III	Calvin A. Saruwatari	N-15	$ 55,341	$ -	$ -	7/11/2009	$ -	$ 55,341	$ 13,321	$ -	$ -	$ 802	$ 174	$ 1,392	$ 156	$ 15,845	$ 71,186
2	PIP005	Planner III	Monica J. Guerrero	M-14	$ 49,364	$ -	$ -	1/9/2009	$ -	$ 49,364	$ 11,882	$ 404	$ -	$ 716	$ 174	$ 1,392	$ 156	$ 14,724	$ 64,088
3	PIP007	Planner III	Janet A. Quitugua	N-14	$ 53,470	$ -	$ -	12/21/2008	$ -	$ 53,470	$ 12,870	$ -	$ -	$ 775	$ 174	$ 1,785	$ 200	$ 15,805	$ 69,275
4	PIP009	Data Control Clerk II	James Cushing, Jr.	F-9	$ 25,571	$ -	$ -	3/2/2008	$ 515	$ 26,086	$ 6,279		$ -	$ 378	$ 174	$ 2,975	$ 334	$ 10,140	$ 36,226
			Grand Total:	----	$ 183,746	$ -	$ -	----	$ 515	$ 184,261	$ 44,352	$ 404	$ -	$ 2,672	$ 696	$ 7,544	$ 846	$ 56,513	$ 240,774

Night Differential/Hazardous/Worker's Compensation/etc.

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM

FUND: SUMMARY

Ratio: 100% GENERAL FUND

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K * 24.07%)	Retire (DDI) ($15.52*26PP*E)	Social Security (6.2% * K)	Medicare (1.45%*K)	Life 1174 * E	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL
1	SOC007	Planner III	Mildred B. Erguiza	M-13	$47,695	0	0	1/13/2009	$ -	47,695	$11,480	0	0	$692	174	3,197	358	15,901	63,596
2	SOC006	Planner III	Ernest E. Caseres	N-15	$55,341	$0	$0	5/27/2009	$ -	55,341	$13,321	$0	$0	$0	$174	$0	$0	$13,495	$68,836
			Grand Total:	----	$103,036	$0	$0	----	$0	$103,036	$24,801	$0	$0	$692	$348	$3,197	$358	$29,395	$132,431

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

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

Ratio: 100% Federally Funded

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K *24.07%)	Retire (DDI) ($15.52*26PP*E)	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	BYRNE001	Planner III	Lola E. Leon Guerrero	M-13	$ 47,695	$ -	$ -	1/29/2010	$ -	$ 47,695	$ 11,480	$ -	$ -	$ 692	$ 174	$ 2,975	$ 334	$ 15,655	$ 63,350
2	BYRNE003	Administrative Assistant	Julie Rose U. Nededog	J-10	$ 34,414	$ -	$ -	8/10/2010	$ -	$ 34,414	$ 8,283	$ -	$ -	$ 499	$ 174	$ 2,975	$ 334	$ 12,265	$ 46,679
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			Grand Total:	----	$ 82,109	$ -	$ -	----	$ -	$ 82,109	$ 19,764	$ -	$ -	$ 1,191	$ 348	$ 5,950	$ 668	$ 27,920	$ 110,029

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: INTERJURISDICTIONAL FISHERIIES ACT GRANT PROGRAM (100% FEDERALLY FUNDED)

FUND: SUMMARY

Ratio: 100% Federally Funded

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K *24.07%)	Retire (DDI) ($15.52*26PP*E)	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	IFA001	Keypunch Operator I	Emily M.C. Taitano	E-5	$ 20,820	$ -	$ -	9/26/2008	$ 833	$ 21,653	$ 5,212	$ 404	$ -	$ 314	$ 174	$ 2,975	$ 334	$ 9,413	$ 31,066
2	IFA002	Data Control Clerk II	Vacant	F-1	$ 17,635	$ -	$ -		$ -	$ 17,635	$ 4,245	$ 404		$ 256	$ 174	$ 2,975	$ 334	$ 8,388	$ 26,023
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			Grand Total:	----	$ 38,455	$ -	$ -	----	$ 833	$ 39,288	$ 9,457	$ 808	$ -	$ 570	$ 348	$ 5,950	$ 668	$ 17,801	$ 57,089

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

FUND: SUMMARY

Ratio: 100% Federally Funded

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K *24.07%)	Retire (DDI) ($15.52*26PP*E)	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	GDDC001	Director, DDC	Manuel Cruz	P-10	$55,274	$0	$0		$0	$55,274	$13,304	$404	$0	$801	$174	$2,083	$233	$17,000	$72,274
2	GDDC002	Program Coordinator IV	Marie C. Tedtaotao-Libria	N-7	41,936	0	0	4/29/2009	0	41,936	$9,499	0	0	$608	$174	$3,197	$358	13,836	55,772
3	GDDC004	Program Coordinator I	Kristina C. Perez	K-1	24,656	0	0	1/21/2009	0	24,656	$5,585	$404	0	358	174	3,197	358	10,075	34,731
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			Grand Total:	----	$121,866	$0	$0	----	$0	$121,866	$28,388	$808	$0	$1,767	$522	$8,477	$949	$40,911	$162,777

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM

FUND: SUMMARY

Ratio: 100% FEDERALLY FUND

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K * 24.07%)	Retire (DDI) ($15.52*26PP*E)	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	GCMP001	Administrator	Evangeline C.D. Lujan	P-15	$ 65,648	$ -	$ -	5/17/2008	$ 958	$ 66,606	$ 16,032	$ -	$ -	$ 966	$ 174	$ 2,975	$ 334	$ 20,481	$ 87,087
2	GCMP002	Planner III	Amelia DeLeon	M-14	$ 49,364	$ -	$ -	8/1/2009	$ -	$ 49,364	$ 11,882	$ -	$ -	$ 716	$ 174	$ 3,197	$ 358	$ 16,327	$ 65,691
3	GCMP003	Planner II	Raymond V.C. Caseres	M-14	$ 49,364	$ -	$ -	1/9/2009	$ -	$ 49,364	$ 11,882	$ -	$ -	$ 716	$ 174	$ 2,975	$ 334	$ 16,081	$ 65,445
4	GCMP004	Program Coordinator III	Thomas I. Quinata	M-13	$ 47,695	$ -	$ -	11/20/2008	$ -	$ 47,695	$ 11,480	$ -	$ -	$ 710	$ 174	$ 1,392	$ 156	$ 13,912	$ 61,607
5	GCMP005	Planner III	Esther A. Gumatatao	M-10	$ 43,018	$ -	$ -	9/4/2008	$ 126	$ 43,144	$ 10,385	$ -	$ -	$ 626	$ 174	$ 1,785	$ 200	$ 13,169	$ 56,313
6	GCMP007	Planner III	Teresita M. Perez	M-13	$ 47,695	$ -	$ -	9/29/2009	$ -	$ 47,695	$ 11,480	$ -	$ -	$ 692	$ 174	$ 2,975	$ 334	$ 15,655	$ 63,350
8	GCMP010	Administrative Assistant	Nydia H. Llarenas	J-10	$ 34,414	$ -	$ -	2/27/2010		$ 34,414	$ 8,283	$ -	$ -	$ 499	$ 174	$ 2,083	$ 233	$ 11,272	$ 45,686
9	GCMP011	Planner II	VACANT	L-1	$ 26,520	$ -	$ -		$ -	$ 26,520	$ 6,383	$ -	$ -	$ 385	$ 174	$ 3,197	$ 358	$ 10,497	$ 37,017
			Grand Total:	---	$363,718	$0	$0	---	$1,084	$364,802	$87,808	$0	$0	$5,308	$1,392	$20,579	$2,307	$117,394	$482,196

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: CORAL REEF INITIATIVE

FUND: SUMMARY

Ratio: 100% Federally Funded under CRI Grant

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K *24.07%)	Retire (DDI) ($15.52*26PP*E)	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	GCMP012	Special Project Coordinator	David R. Burdick	M-6	$ 37,282	$ -	$ -		$ -	$ 37,282	$ 8,974	$ 404	$ -	$ 541	$ 174	$ 1,392	$ 156	$ 11,640	$ 48,922
2	CRI-001	Program Coordinator 1	Vacant	K-1	$ 24,656					$ 24,656	$ 5,935	$ 404		$ 358	$ 174	$ 1,392	$ 156	$ 8,418	$ 33,074
			Grand Total:	----	$ 61,938	$ -	$ -	----	$ -	$ 61,938	$ 14,909	$ 808	$ -	$ 899	$ 348	$ 2,784	$ 312	$ 20,058	$ 81,996

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: June 30, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: LAND USE GIS PLANNING PROGRAM

FUND: SUMMARY

Ratio: 100% Federally Funded under Coastal Zone Management Administration Grant

	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)
								Increment			Benefits								
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement (K *24.07%)	Retire (DDI) ($15.52*26PP*E)	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	LUP001	GIS Manager	Victor Torres	O-10	$ 50,717	$ -	$ -	6/27/2008	$ 888	$ 51,605	$ 12,421	$ -	$ -	$ 748	$ 174	$ 2,083	$ 233	$ 15,660	$ 67,265
2	LUP002	Planner II	Timothy Semuda	L-7	$ 35,802	$ -	$ -	1/23/2009	$ -	$ 35,802	$ 8,618	$ 404	$ -	$ 519	$ 174	$ 2,975	$ 334	$ 13,024	$ 48,826
3	LUP003	GIS Mapping Technician	VACANT	I-1	$ 21,389	$ -	$ -		$ -	$ 21,389	$ 5,148	$ 404	$ -	$ 310	$ 174	$ 3,197	$ 358	$ 9,591	$ 30,980
			Grand Total:	----	$ 107,908	$ -	$ -	----	$ 888	$ 108,796	$ 26,187	$ 808	$ -	$ 1,578	$ 522	$ 8,255	$ 925	$ 38,275	$ 147,071

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

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice **Office of Justice Programs**	**2004-DB-BX-0054** 2004 Byrne Formula Grant	**1121-0264**	**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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101H040920EI108**	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/03	**09/30/08**	**4/01/2008**	**6/30/2008**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**1,258,595**	**0**	**1,258,595**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**1,258,595**	**0**	**1,258,595**
d. Total unliquidated obligations			**146,179**
e. Recipient share of unliquidated obligations			**0**
f. Federal share of unliquidated obligations			**146,179**
g. Total Federal share *(Sum of lines c and f)*			**1,404,774**
h. Total Federal funds authorized for this funding period			**1,404,775**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**1**

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans**	**1- 671- 472 -4201**
Signature of Authorized Certifying Official	Date Report Submitted JUL 1 7 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice Office of Justice Programs	2005-DJ-BX-0071 2005 Byrne Justice Assistance Grant	1121-0264	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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	5101H050920EI108	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/04	09/30/08	4/1/2008	6/30/2008

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	548,399	84,410	632,809
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	548,399	84,410	632,809
d. Total unliquidated obligations			575,231
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			575,231
g. Total Federal share *(Sum of lines c and f)*			1,208,040
h. Total Federal funds authorized for this funding period			1,238,750
i. Unobligated balance of Federal funds *(Line h minus line g)*			30,710

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	1- 671- 472 -4201
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

7/17/08

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice Office of Justice Programs	2006-DJ-BX-0017 2006 Byrne Justice Assistance Grant	1121-0264	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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	5101H060920EI108	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/05	09/30/09	04/01/2008	06/30/2008

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	180,659	60,343	241,002
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	180,659	60,343	241,002
d. Total unliquidated obligations			456,587
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			456,587
g. Total Federal share *(Sum of lines c and f)*			697,589
h. Total Federal funds authorized for this funding period			730,000
i. Unobligated balance of Federal funds *(Line h minus line g)*			32,411

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	1- 671- 472 -4201
Signature of Authorized Certifying Official	**Date Report Submitted**
	JUL 17 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice Office of Justice Programs	2007-DJ-BX-0063 2007 Byrne Justice Assistance Grant	1121-0264	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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	5101H070920EI108	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/1/2006	9/30/2010	4/1/2008	6/30/2008

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	21,848	21,848
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	21,848	21,848
d. Total unliquidated obligations			850,100
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			850,100
g. Total Federal share *(Sum of lines c and f)*			871,948
h. Total Federal funds authorized for this funding period			1,132,013
i. Unobligated balance of Federal funds *(Line h minus line g)*			260,065

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	1- 671- 472 -4201
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice **Office of Justice Programs**	**2005-RT-BX-0054** 2005 RSAT	**1121-0264** Expires: 01/31/2006	**1 / 1** pages

3. Recipient Organization (Name and complete address, including ZIP code)

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P.O. BOX 2950
HAGATNA, GUAM 96932

QUARTERLY REPORT

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101H050920SE107**	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/04	**09/30/08**	**4/1/2008**	**6/30/2008**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**4,270**	**27,120**	**31,390**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**4,270**	**27,120**	**31,390**
d. Total unliquidated obligations			**104,406**
e. Recipient share of unliquidated obligations			**0**
f. Federal share of unliquidated obligations			**104,406**
g. Total Federal share *(Sum of lines c and f)*			**135,796**
h. Total Federal funds authorized for this funding period			**135,913**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**117**

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans**	**1- 671- 472 -4201**
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

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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	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice **Office of Justice Programs**	**2006-RT-BX-0059** 2006 RSAT	**1121-0264** Expires: 01/31/2006	**1 / 1** pages

3. Recipient Organization (Name and complete address, including ZIP code)

BUREAU OF STATISTICS AND PLANS
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HAGATNA, GUAM 96932

QUARTERLY REPORT

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101H060920SE107**	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/05	**09/30/09**	**04/01/08**	**06/30/08**

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			39,891
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			39,891
g. Total Federal share *(Sum of lines c and f)*			39,891
h. Total Federal funds authorized for this funding period			39,891
i. Unobligated balance of Federal funds *(Line h minus line g)*			0

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans**	**1- 671- 472 -4201**
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

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Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice **Office of Justice Programs**	**2007-RT-BX-0056** 2007 RSAT	**1121-0264** Expires: 01/31/2006	**1 / 1** pages

3. Recipient Organization (Name and complete address, including ZIP code)

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HAGATNA, GUAM 96932

QUARTERLY REPORT

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	510140709205E107	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/1/2006	**9/30/2010**	**4/01/2008**	**6/30/2008**

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			38,567
i. Unobligated balance of Federal funds *(Line h minus line g)*			38,567

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans**	**1- 671- 472 -4201**
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

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

3. Recipient Organization (Name and complete address, including ZIP code)

BUREAU OF STATISTICS AND PLANS
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QUARTERLY REPORT

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101H050920SE101**	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/04	**09/30/08**	**4/1/2008**	**6/30/2008**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	251,011	35,923	286,934
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	251,011	35,923	286,934
d. Total unliquidated obligations			68,392
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			68,392
g. Total Federal share *(Sum of lines c and f)*			355,326
h. Total Federal funds authorized for this funding period			362,038
i. Unobligated balance of Federal funds *(Line h minus line g)*			6,712

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans**	**1- 671- 472 -4201**
Signature of Authorized Certifying Official	Date Report Submitted JUL 1 7 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice **Office of Justice Programs**	**2006-GP-CX-0059** 2006 Project Safe Neighborhoods	**1121-0264**	**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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101H070920SE101**	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/06	**09/30/09**	**4/1/2008**	**6/30/2008**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**339**	**121**	**460**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**339**	**121**	**460**
d. Total unliquidated obligations			**68,341**
e. Recipient share of unliquidated obligations			**0**
f. Federal share of unliquidated obligations			**68,341**
g. Total Federal share *(Sum of lines c and f)*			**68,801**
h. Total Federal funds authorized for this funding period			**73,334**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**4,533**

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans**	**1- 671- 472 -4201**
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice Office of Justice Programs	2007-GP-CX-0028 2007 Project Safe Neighborhoods	1121-0264	1 / 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

BUREAU OF STATISTICS AND PLANS
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HAGATNA, GUAM 96932

QUARTERLY REPORT

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	5101H070920SE102	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
9/1/2007	8/30/2010	4/1/2008	6/30/2008

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	2,092	2,092
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	2,092	2,092
d. Total unliquidated obligations			48,226
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			48,226
g. Total Federal share *(Sum of lines c and f)*			50,318
h. Total Federal funds authorized for this funding period			55,909
i. Unobligated balance of Federal funds *(Line h minus line g)*			5,591

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	1- 671- 472 -4201
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. Department of Justice **Office of Justice Programs**	**2007-CD-BX-0061** 2007 Paul Coverdell Forensic Imp. Grant	**1121-0264**	**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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101E080933PA101**	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/07	**09/30/08**	**4/1/2008**	**6/30/2008**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	934	934
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	934	934
d. Total unliquidated obligations			88,341
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			88,341
g. Total Federal share *(Sum of lines c and f)*			89,275
h. Total Federal funds authorized for this funding period			96,594
i. Unobligated balance of Federal funds *(Line h minus line g)*			7,319

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans**	**1- 671- 472 -4201**
Signature of Authorized Certifying Official	Date Report Submitted
	JUL 17 2008

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. DEPARTMENT OF COMMERCE NOAA/OCRM	NA04NOS4190037 2005 GCMP 306	1121-0264	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

FINAL REPORT

4. Vendor Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
980018947	5101H050930CE101	[XX] Yes [ ] No	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/2004	3/31/2008	4/1/2008	6/30/2008

10. Transactions:	I Previously Reported	II This Report	III Cumulative
a. Total outlays	821,231.00	185,917.64	1,007,148.64
b. Recipient share of outlays	0.00	85,148.64	85,148.64
c. Federal share of outlays	821,231.00	100,769.00	922,000.00
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)*			922,000.00
h. Total Federal funds authorized for this funding period			922,000.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			0.00

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*
[ ] Provisional [ ] Predetermined [ ] Final [ ] Fixed

b. Rate	c. Base	d. Total Amount	e. Federal Share
FY'2005 37.36%	394,270.64	147,299.51	$62,150.87

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

A. Block/Formula Pass Through $	*C. Forfeit $*	*E. Expended $*
B. Federal Grant Sub-Grant $	*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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA, V. - DIRECTOR Bureau of Statistics & Plans	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted

6/30/08

6/30/08

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. DEPARTMENT OF COMMERCE **NOAA/OCRM**	**NA04NOS4190037** 2005 GCMP 309	**1121-0264**	**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

FINAL REPORT

4. Vendor Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
980018947	**5101H050930CE102**	[XX] Yes [ ] No	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/2004	**3/31/2008**	**4/1/2008**	**6/30/2008**

10. Transactions:	I Previously Reported	II This Report	III Cumulative
a. Total outlays	59,708.00	9,256.20	68,964.20
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	59,708.00	9,256.20	68,964.20
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)*			68,964.20
h. Total Federal funds authorized for this funding period			77,000.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			8,035.80

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*
[ ] Provisional [ ] Predetermined [ ] Final [ ] 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 Pass Through	***$***	***C. Forfeit***	***$***	***E. Expended***	***$***
B. Federal Grant Sub-Grant	***$***	***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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA, V. - DIRECTOR **Bureau of Statistics & Plans**	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted

6/30/08

6/30/08

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. DEPARTMENT OF COMMERCE **NOAA/OCRM**	**NA04NOS4190037** 2005 GCMP 310	**1121-0264**	**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

FINAL REPORT

4. Vendor Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
980018947	**5101H050930CE103**	[XX] Yes [ ] No	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/2004	**3/31/2008**	**4/1/2008**	**6/30/2008**

10. Transactions:	I Previously Reported	II This Report	III Cumulative
a. Total outlays	72,000.00	0.00	72,000.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	72,000.00	0.00	72,000.00
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)*			72,000.00
h. Total Federal funds authorized for this funding period			72,000.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			0.00

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*
[ ] Provisional [ ] Predetermined [ ] Final [ ] 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 Pass Through $	***C. Forfeit*** $	***E. Expended*** $
B. Federal Grant Sub-Grant $	***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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA, V. - DIRECTOR **Bureau of Statistics & Plans**	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted

6/30/08

6/30/08

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. DEPARTMENT OF COMMERCE NOAA/OCRM	NA05NOS4261188 2005 CRI Monitoring Grant	1121-0264	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

FINAL REPORT

4. Vendor Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
980018947	5101E060930EI114	[XX] Yes [ ] No	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/2005	3/31/2008	4/1/2008	6/30/2008

10. Transactions:	I Previously Reported	II This Report	III Cumulative
a. Total outlays	0.00	84,522.66	84,522.66
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	0.00	84,522.66	84,522.66
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)*			84,522.66
h. Total Federal funds authorized for this funding period			99,857.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			15,334.34

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*
[ ] Provisional [ ] Predetermined [ ] Final [ ] 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 Pass Through	$	*C. Forfeit*	$	*E. Expended*	$
B. Federal Grant Sub-Grant	$	*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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA, V. - DIRECTOR Bureau of Statistics & Plans	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted

#01/08 07/02/08

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA	CRI - GU - 5 2005 Coral Reef Initiative	1121-0264 Expires: 01/31/2006	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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0018947	5101H050930EI113	[ ] YES [X] NO	[ ] Cash [X] Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
11/01/04	07/31/08	4/1/2008	6/30/2008

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	433,658	228	433,886
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	433,658	228	433,886
d. Total unliquidated obligations			48,886
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			48,886
g. Total Federal share *(Sum of lines c and f)*			482,772
h. Total Federal funds authorized for this funding period			483,196
i. Unobligated balance of Federal funds *(Line h minus line g)*			424

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.*

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	Telephone (Area code, number and extension)
ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	1- 671- 472 -4201
Signature of Authorized Certifying Official	Date Report Submitted

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

7/22/08

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004

PAGE OF PAGES

1. TYPE OF PAYMENT REQUESTED
a. "X" one or both boxes: ☐ ADVANCE ☑ REIMBURSEMENT
b. "X" the applicable box: ☐ FINAL ☑ PARTIAL

2. BASIS OF REQUEST: ☐ CASH ☑ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: U.S. DEPT. OF INTERIOR/Off. of Insular Affairs

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: CRI-GU-05

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST: 93005113-02

6. EMPLOYER IDENTIFICATION NUMBER: 98-0018947

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER: 5101H050930EI113

8. PERIOD COVERED BY THIS REQUEST
FROM *(month, day, year)*: 04/01/08
TO *(month, day, year)*: 06/30/08

9. RECIPIENT ORGANIZATION
Name: BUREAU OF STATISTICS AND PLANS
Number and Street: P.O. BOX 2950
City, State and ZIP Code: HAGATNA, GUAM 96932

10. PAYEE *(Where check is to be sent if different than item 9)*
Name: TREASURER OF GUAM
Number and Street: P.O. BOX 884
City, State and ZIP Code: HAGATNA, GUAM 96932

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date *(As of date)* 06/30/08	$ 433,886.49	$	$	$ 433,886.49
b. *Less:* Cumulative program income				0.00
c. Net program outlays *(Line a minus line b)*	433,886.49	0.00	0.00	433,886.49
d. Estimated net cash outlays for advance period				0.00
e. Total *(Sum of lines c & d)*	433,886.49	0.00	0.00	433,886.49
f. Non-Federal share of amount on line e	0.00			0.00
g. Federal share of amount on line e	433,886.49			433,886.49
h. Federal payments previously requested	433,658.13			433,658.13
i. Federal share now requested *(Line g minus line h)*	228.36	0.00	0.00	228.36
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	$ 0.00
b. *Less:* Estimated balance of Federal cash on hand as of beginning of advance period	0.00
c. Amount requested *(Line a minus line b)*	$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED July 25, 2008
	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 671-472-4201

This space for agency use

7/28/08

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	*Entry*
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
13	Complete the certification before submitting this request.