BUREAU OF STATISTICS AND PLANS

Government of Guam

Felix P. Camacho
Governor of Guam

Michael W. Cruz, M.D.
Lieutenant Governor

COPY

P.O. Box 2950 Hagåtña, Guam 96932
Tel: (671) 472-4201/3
Fax: (671) 477-1812

Alberto "Tony" Lamorena V
Director

APR 29 2009

RECEIVED
APR 30 2009
Bureau of Budget & Mgmt. Research
2:25pm

RECEIVED
OFFICE OF THE PUBLIC AUDITOR
DATE: 4/30/09
TIME: 2:15PM
BY: AC

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

RE: Submission of FY 2009 2nd 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 2009 2nd Quarter Funding/Expenditure Report.*

Attached, please find the following reports:

1. FY 2009 Budget and Expenditure Report as of 03/31/09 (General Fund)
2. Staffing Patterns as of December 31, 2008 (Local and Federal Funded)
3. Financial Status Reports for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of either a quarterly or semi-annual reporting.

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.

Office of the Speaker
Judith T. Won Pat, Ed.D.
Date 4/30/09
Time 2
Received by

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 2009 BUDGET AND EXPENDITURE REPORT

As of: March 31, 2009

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 2009	**-Anticipated Lapses/Shortfall	Unalloted Balance:	
PERSONNEL SERVICES											
Administration											
5100A090900GA001-111	Salaries	111	$231,966.00	$129,794.00	$102,296.64	$27,497.36	$9,969.44	$202,379.63	**($72,710.27)**	**$102,172.00**	
5100A090900GA001-113	Benefits	113	$61,272.00	$39,664.00	$29,420.98	$10,243.02	$2,853.22	$57,920.37	**($26,069.35)**	**$21,608.00**	
Planning Information Program											
5100A090910SE004-111	Salaries	111	$191,156.00	$98,708.00	$81,421.62	$17,286.38	$6,965.60	$141,401.68	**($31,667.30)**	**$92,448.00**	
5100A090910SE004-113	Benefits	113	$59,313.00	$30,313.00	$24,749.56	$5,563.44	$2,145.19	$43,547.36	**($8,983.92)**	**$29,000.00**	
Socio-Economic Planning Program											
5100A090920SE005-111	Salaries	111	$102,314.00	$55,658.00	$46,765.76	$8,892.24	$3,963.20	$80,452.96	**($24,904.72)**	**$46,656.00**	
5100A090920SE005-113	Benefits	113	$29,329.00	$15,344.00	$12,256.76	$3,087.24	$1,038.71	$21,085.81	**($4,013.57)**	**$13,985.00**	
Chief Economist's Office											
5100A090904GA001-111	Salaries	111	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
5100A090904GA001-113	Benefits	113	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
Business & Economic Statistics Program											
5100A090932EI001-111	Salaries	111	$251,766.00	$136,828.00	$121,379.20	$15,448.80	$10,376.80	$210,649.04	**($80,262.24)**	**$114,938.00**	
5100A090932EI001-113	Benefits	113	$80,440.00	$46,109.00	$38,382.11	$7,726.89	$3,247.96	$65,933.59	**($23,875.70)**	**$34,331.00**	
		Sub-total:	**$1,007,556.00**	**$552,418.00**	**$456,672.63**	**$95,745.37**	**$40,560.12**	**$823,370.44**	**($272,487.07)**	**$455,138.00**	
OPERATIONS											
Administration											
5100A090900GA001-220	Travel	220	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A090900GA001-230	Contractual	230	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A090900GA001-233	Rent	233	$16,700.00	$16,700.00	$15,030.00	$1,670.00	$1,670.00	$5,010.00	**($3,340.00)**	**$0.00**	
5100A090900GA001-240	Supplies	240	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A090900GA001-250	Equipment	250	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A090900GA001-271	Drug-Test	271	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A090900GA001-361	Power	361	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	
5100A090900GA001-363	Telephone	363	$6,792.00	$6,792.00	$6,030.05	$761.95	$595.00	$3,570.00	**($2,808.05)**	**$0.00**	
		Sub-total:	**$23,492.00**	**$23,492.00**	**$21,060.05**	**$2,431.95**	**$2,265.00**	**$8,580.00**	**($6,148.05)**	**$0.00**	
Chief Economist's Office											
5100A090904GA001-230	Contractual	230	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
5100A090904GA001-240	Supplies	240	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**	**$0.00**	*
5100A090904GA001-363	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:	**$1,031,048.00**	**$575,910.00**	**$477,732.68**	**$98,177.32**	**$42,825.12**	**$831,950.44**	**($278,635.12)**	**$455,138.00**	

FISCAL YEAR 2009
DEPARTMENTAL SUMMARY
As of: March 31, 2009

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 2009 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	777,202.00	356,214.00	420,988.00	351,863.22	31,275.04	31,275.04	31,275.04	634,883.31	0.00		(209,544.53)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	230,354.00	98,924.00	131,430.00	104,809.41	9,285.08	9,285.08	9,285.08	188,487.12	0.00		(62,942.53)
TOTAL PerSvs	**1,007,556.00**	**455,138.00**	**552,418.00**	**456,672.63**	**40,560.12**	**40,560.12**	**40,560.12**	**823,370.44**	**0.00**		(272,487.07)
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	16,700.00	0.00	16,700.00	15,030.00					5,010.00		(3,340.00)
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.	6,792.00	0.00	6,792.00	6,030.05					3,570.00		(2,808.05)
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00		0.00
TOTAL Opers	**23,492.00**	**0.00**	**23,492.00**	**21,060.05**					**8,580.00**		(6,148.05)
TOTALS	**1,031,048.00**	**455,138.00**	**575,910.00**	**477,732.68**	**40,560.12**	**40,560.12**	**40,560.12**	**823,370.44**	**8,580.00**		(278,635.12)

BUDGET NOTES:

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLNAS
Division: PLANNING INFORMATION PROGRAM
Account No.: 5100A090910SE004

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 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	191,156.00	92,448.00	98,708.00	81,421.62	6,965.60	6,965.60	6,965.60	141,401.68	0.00		(31,667.30)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	59,313.00	29,000.00	30,313.00	24,749.56	2,145.19	2,145.19	2,145.19	43,547.36	0.00		(8,983.92)
TOTAL PerSvs	**250,469.00**	**121,448.00**	**129,021.00**	**106,171.18**	**9,110.79**	**9,110.79**	**9,110.79**	**184,949.04**	**0.00**		(40,651.22)
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	**250,469.00**	**121,448.00**	**129,021.00**	**106,171.18**	**9,110.79**	**9,110.79**	**9,110.79**	**184,949.04**	**0.00**		(40,651.22)

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLANS
Division: SOCIO-ECONOMIC PLANNING PROGRAM
Account No.: 5100A090920SE005

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 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	102,314.00	46,656.00	55,658.00	46,765.76	3,963.20	3,963.20	3,963.20	80,452.96	0.00		(24,904.72)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	29,329.00	13,985.00	15,344.00	12,256.76	1,038.71	1,038.71	1,038.71	21,085.81	0.00		(4,013.57)
TOTAL PerSvs	**131,643.00**	**60,641.00**	**71,002.00**	**59,022.52**	**5,001.91**	**5,001.91**	**5,001.91**	**101,538.77**	**0.00**		(28,918.29)
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	**131,643.00**	**60,641.00**	**71,002.00**	**59,022.52**	**5,001.91**	**5,001.91**	**5,001.91**	**101,538.77**	**0.00**		(28,918.29)

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLANS
Division: BUSINESS AND ECONOMIC STATISTICS PROGRAM
Account No.: 5100A090932EI001

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 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	251,766.00	114,938.00	136,828.00	121,379.20	10,376.80	10,376.80	10,376.80	210,649.04	0.00		(80,262.24)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	80,440.00	34,331.00	46,109.00	38,382.11	3,247.96	3,247.96	3,247.96	65,933.59	0.00		(23,875.70)
TOTAL PerSvs	**332,206.00**	**149,269.00**	**182,937.00**	**159,761.31**	**13,624.76**	**13,624.76**	**13,624.76**	**276,582.63**	**0.00**		(104,137.94)
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**
TOTALS	**332,206.00**	**149,269.00**	**182,937.00**	**159,761.31**	**13,624.76**	**13,624.76**	**13,624.76**	**276,582.63**	**0.00**		(104,137.94)

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 5100A090900GA001

A	B	C	D	E	F	G	H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 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	231,966.00	102,172.00	129,794.00	102,296.64	9,969.44	9,969.44	9,969.44	202,379.63	0.00		(72,710.27)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
113 Benefits	61,272.00	21,608.00	39,664.00	29,420.98	2,853.22	2,853.22	2,853.22	57,920.37	0.00		(26,069.35)
TOTAL PerSvs	**293,238.00**	**123,780.00**	**169,458.00**	**131,717.62**	**12,822.66**	**12,822.66**	**12,822.66**	**260,300.00**	**0.00**		(98,779.62)
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	16,700.00	0.00	16,700.00	15,030.00					5,010.00		(3,340.00)
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.	6,792.00	0.00	6,792.00	6,030.05					3,570.00		(2,808.05)
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00		0.00
TOTAL Opers	**23,492.00**	**0.00**	**23,492.00**	**21,060.05**					**8,580.00**		(6,148.05)
TOTALS	**316,730.00**	**123,780.00**	**192,950.00**	**152,777.67**	**12,822.66**	**12,822.66**	**12,822.66**	**260,300.00**	**8,580.00**		(104,927.67)

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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*25.28%)	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	$ 18,952	$ -	$-	$ 1,091	$ 174	$ 3,164	$ 385	$ 23,766	$ 98,974
2	ADM002	Chief Planner	Machelle A.C. Leon Guerrero	P-17	$ 70,324	$ -	$ -	4/28/2009	$ 947	$ 71,271	$ 17,960	$ -	$ -	$ -	$ 174	$ 3,164	$ 385	$ 21,683	$ 92,954
3	ADM004	WP Secretary II	Therese C. Aguon	H-15	$ 35,585	$ -	$ -	2/27/2011		$ 35,585	$ 8,967	$ -	$ -	$ -	$ 174	$ 3,164	$ 385	$ 12,690	$ 48,275
4	ADM006	Admin. Officer	Terry L. Cuabo	L-10	$ 39,780	$ -	$ -	12/8/2010		$ 39,780	$ 10,025	$ 404	$ -	$ 577	$ 174	$ 3,164	$ 385	$ 14,728	$ 54,508
5	ADM008	Administrative Assistant	Marylou S. Gogo	J-14	$ 39,491	$ -	$ -	2/15/2010	$ -	$ 39,491	$ 9,952	$ -	$ -	$ 573	$ 174	$ 3,164	$ 385	$ 14,247	$ 53,738
6	ADM003	Private Secretary	VACANT	I-08		$ -	$ -		$ -	$ -	$ -		$ -	$ -	-	$ -	-	-	$ -
			Grand Total:	---	$ 260,388	$ -	$ -	---	$ 947	$ 261,335	$ 65,856	$ 404	$ -	$ 2,240	$ 870	$ 18,755	$ 1,925	$ 87,115	$ 348,450

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 *25.20%)	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	$ 447	$ 55,788	$ 14,059	$ -	$ -	$ 809	$ 174	$ 1,380	$ 180	$ 16,602	$ 72,390
2	PIP005	Planner III	Monica J. Guerrero	M-15	$ 51,092	$ -	$ -	1/9/2011	$ -	$ 51,092	$ 12,875	$ 404	$ -	$ 741	$ 174	$ 1,380	$ 180	$ 15,754	$ 66,846
3	PIP007	Planner III	Janet A. Quitugua	N-15	$ 55,341	$ -	$ -	12/21/2010	$ -	$ 55,341	$ 13,946	$ -	$ -	$ 802	$ 174	$ 1,838	$ 231	$ 16,991	$ 72,332
4	PIP009	Data Control Clerk II	Peter P. Leon Guerrero	F-6	$ 22,926	$ -	$ -	8/11/2009	$ 882	$ 23,808	$ 6,000		$ -	$ 345	$ 174	$ 3,164	$ 385	$ 10,068	$ 33,876
			Grand Total:	—	$ 184,700	$ -	$ -	—	$ 1,329	$ 186,029	$ 46,879	$ 404	$ -	$ 2,697	$ 696	$ 7,762	$ 976	$ 59,415	$ 245,444

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 * 25.20%)	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-14	$49,364	0	0	1/13/2011	$ -	49,364	$12,440	0	0	$716	174	3,606	414	17,350	66,714
2	SOC006	Planner III	Ernest E. Caseres	N-15	$55,341	$0	$0	5/27/2009	$671	56,012	$14,115	$0	$0	$0	$174	$0	$0	$14,289	$70,300
			Grand Total:	---	$104,705	$0	$0	---	$671	$105,376	$26,555	$0	$0	$716	$348	$3,606	$414	$31,638	$137,014

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

[BBMR SP-1]

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM

FUND: SUMMARY

Ratio: 100% GENERAL FUND

Government of Guam
Fiscal Year 2009
Budget
Agency Current Staffing Pattern
As of: December 31, 2008

	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 * 25.20%)	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-12	$ 36,865	$ -	$ -	12/17/2010	$ -	$ 36,865	$ 9,290	$ -	$ -	$ -	$ 174	$ 3,164	$ 413	$ 13,041	$ 49,906
2	BES-002	Data Control Clerk II	James W. Cushing, Jr.	F-9	$ 25,571	$ -	$ -	9/2/2009		$ 25,571	$ 6,444	$ 404	$ -	$ 371	$ 174	$ 1,380	$ 180	$ 8,953	$ 34,524
3	BES-003	Statistical Technician II	VACANT	F-1	$ -		$ -			$ -	$ -	$ -	$ -	$ -					
4	BES-004	Statistical Technician II	Bertha M. Toves**	F-14	$ 30,355	$ -	$ -	4/21/2010		$ 30,355	$ 7,649	$ -	$ -	$ 440	$ 174	$ 3,164	$ 385	$ 11,813	$ 42,168
5	BES-005	Statistician I	Antonette Pitter**	I-12	$ 34,368	$ -	$ -	6/17/2010		$ 34,368	$ 8,661	$ 404	$ -	$ 498	$ 174	$ 3,606	$ 385	$ 13,728	$ 48,096
6	BES-006	Statistician II	Selina C. Tenorio	J-09	$ 33,266	$ -	$ -	2/4/2010	$ -	$ 33,266	$ 8,383	$ -	$ -	$ -	$ 174	$ 1,838	$ 231	$ 10,626	$ 43,892
7	BES-007	Statistical Technician I	VACANT	E-1	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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	$ 7,550	$ -	$ -	$ 434	$ 174	$ 2,233	$ 270	$ 10,662	$ 40,624
10	BES-012	Statistical Technician I	Marietta Balbastro**	E-10	$ 24,984	$ -	$ -	11/12/2009		$ 24,984	$ 6,296	$ -	$ -	$ 362	$ 174	$ 2,233	$ 270	$ 9,335	$ 34,319
11	BES-013	Chief Economist	Albert M. Perez	Q-7	$ 54,475	$ -	$ -	9/5/2010	$ -	$ 54,475	$ 13,728	$ -	$ -	$ 790	$ 174	$ 2,233	$ 385	$ 17,310	$ 71,785
			Grand Total:	----	$269,846	$0	$0	----	$0	$269,846	$68,001	$808	$0	$2,896	$1,392	$19,851	$2,519	$95,467	$365,313

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 *25.20%)	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		E-1	$ 16,656	$ -	$ -			$ 16,656	$ 1,512	$ 404	$ -	$ 242	$ 174	$ 3,164	$ 385	$ 5,880	$ 22,536
2	IFA002	Data Control Clerk II	Emily M.C. Taitano	F-7	$ 23,808	$ -	$ -	3/29/2010	$ -	$ 23,808	$ 6,000	$ 404		$ 345	$ 174	$ 3,164	$ 385	$ 10,472	$ 34,280
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			Grand Total:	----	$ 40,464	$ -	$ -	----	$ -	$ 40,464	$ 7,512	$ 808	$ -	$ 587	$ 348	$ 6,328	$ 770	$ 16,352	$ 56,816

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 *25.20%)	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	$ 12,019	$ -	$ -	$ 692	$ 174	$ 3,164	$ 385	$ 16,434	$ 64,129
2	BYRNE003	Administrative Assistant	Julie Rose U. Nededog	J-10	$ 34,414	$ -	$ -	8/10/2010	$ -	$ 34,414	$ 8,672	$ -	$ -	$ 499	$ 174	$ 3,164	$ 385	$ 12,894	$ 47,308
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			Grand Total:	----	$ 82,109	$ -	$ -	----	$ -	$ 82,109	$ 20,691	$ -	$ -	$ 1,191	$ 348	$ 6,328	$ 770	$ 29,328	$ 111,437

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 * 25.20%)	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-16	$ 67,946	$ -	$ -	5/17/2010	$	$ 67,946	$ 17,122	$ -	$ -	$ 985	$ 174	$ 3,164	$ 385	$ 21,831	$ 89,777
2	GCMP002	Planner III	Amelia DeLeon	M-14	$ 49,364	$ -	$ -	8/1/2009	$ 266	$ 49,630	$ 12,507	$ -	$ -	$ 720	$ 174	$ 3,606	$ 385	$ 17,391	$ 67,021
3	GCMP003	Planner II	Raymond V.C. Caseres	M-15	$ 51,092	$ -	$ -	1/9/2011	$ -	$ 51,092	$ 12,875	$ -	$ -	$ 741	$ 174	$ 3,164	$ 385	$ 17,339	$ 68,431
4	GCMP004	Program Coordinator III	Thomas I. Quinata	M-14	$ 49,364	$ -	$ -	11/20/2010	$ -	$ 49,364	$ 12,440	$ -	$ -	$ 710	$ 174	$ 1,380	$ 180	$ 14,884	$ 64,248
5	GCMP005	Planner III	Esther G. Taitague	M-11	$ 44,524	$ -	$ -	9/4/2010	$ -	$ 44,524	$ 11,220	$ -	$ -	$ 646	$ 174	$ 1,838	$ 231	$ 14,109	$ 58,633
6	GCMP007	Planner III	Teresita M. Perez	M-13	$ 47,695	$ -	$ -	9/29/2009	$ -	$ 47,695	$ 12,019	$ -	$ -	$ 692	$ 174	$ 3,164	$ 385	$ 16,434	$ 64,129
8	GCMP010	Administrative Assistant	Nydia H. Llarenas	J-10	$ 34,414	$ -	$ -	2/27/2010	$ -	$ 34,414	$ 8,672	$ -	$ -	$ 499	$ 174	$ 2,233	$ 231	$ 11,809	$ 46,223
9	GCMP011	Planner II	VACANT	L-1	$ 26,520	$ -	$ -		$ -	$ 26,520	$ 6,683	$ -	$ -	$ 385	$ 174	$ 3,606	$ 413	$ 11,261	$ 37,781
			Grand Total:	----	$370,919	$0	$0	----	$266	$371,185	$93,539	$0	$0	$5,376	$1,392	$22,155	$2,595	$125,057	$496,242

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 *25.20%)	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-11	$ 52,492	$	$ -	6/27/2010	$ -	$ 52,492	$ 13,228	$ -	$ -	$ 761	$ 174	$ 1,247	$ 270	$ 15,680	$ 68,172
2	LUP002	Planner II	Timothy Semuda	L-8	$ 37,128	$ -	$ -	7/23/2010	$ -	$ 37,128	$ 9,356	$ 404	$ -	$ 538	$ 174	$ 3,164	$ 385	$ 14,022	$ 51,150
3	LUP003	GIS Mapping Technician	VACANT	I-1	$ 21,389	$ -	$ -		$ -	$ 21,389	$ 5,390	$ 404	$ -	$ 310	$ 174	$ 3,197	$ 385	$ 9,860	$ 31,249
			Grand Total:	---	$ 111,009	$ -	$ -	---	$ -	$ 111,009	$ 27,974	$ 808	$ -	$ 1,610	$ 522	$ 7,608	$ 1,040	$ 39,562	$ 150,571

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 *25.20%)	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-7	$ 38,716	$ -	$ -		$ -	$ 38,716	$ 9,756	$ 404	$ -	$ 561	$ 174	$ 1,380	$ 180	$ 12,456	$ 51,172
2	CRI-001	Program Coordinator 1	Vacant	K-1	$ 24,656					$ 24,656	$ 6,213	$ 404		$ 358	$ 174	$ 1,380	$ 180	$ 8,418	$ 33,074
			Grand Total:	----	$ 63,372	$ -	$ -	----	$ -	$ 63,372	$ 15,970	$ 808	$ -	$ 919	$ 348	$ 2,760	$ 360	$ 20,874	$ 84,246

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: December 31, 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 *25.20%)	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	$13,929	$404	$0	$801	$174	$2,233	$270	$17,812	$73,086
2	GDDC002	Program Coordinator IV	Marie C. Tedtaotao-Libria	N-7	41,936	0	0	4/29/2009	598	42,534	$10,718	0	0	$617	$174	$3,606	$413	15,528	58,062
3	GDDC004	Program Coordinator I	Kristina C. Perez	K-2	26,197	0	0	1/21/2010	$ -	26,197	$6,602	$404	0	380	174	3,606	413	11,579	37,776
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			Grand Total:	----	$123,407	$0	$0	----	$598	$124,005	$31,249	$808	$0	$1,798	$522	$9,445	$1,096	$44,918	$168,923

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

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice Office of Justice Programs (OJP)	2008-CD-BX-0008	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, GU 96932-2950

4. Vendor Number	5. Recipient internal code or Identifying Number (if any)	6. Final Report	7. Basis
980017947	5101E090933PA101	[ ] 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)
10/01/2008	09/30/2009	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$0.00	$0.00	$0.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$0.00	$0.00	$0.00
d. Total unliquidated obligations			$0.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$0.00
g. Total Federal share (Sum of Lines c and f)			$0.00
h. Total Federal funds authorized for this funding period			$99,337.00
i. Unobligated balance of Federal funds (Line h minus Line g)			$99,337.00

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
	0.00%	$0.00	$0.00	$0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Mr. Alberto A Lamorena Director	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted
	04/28/2009

DOJ Standard Form 269a (REV 2002)

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May 2005

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**	**2008-CD-BX-0008** 2008 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	**5101E090933PA101**	[ ] 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)
10/01/08	**09/30/09**	**01/1/2009**	**03/31/2009**

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			99,337
i. Unobligated balance of Federal funds *(Line h minus line g)*			99,337

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
	APR 28 2009

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

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice **Office of Justice Programs (OJP)**	2008-DJ-BX-0735	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, GU 96932-2950

4. Vendor Number	5. Recipient Internal code or Identifying Number (if any)	6. Final Report	7. Basis
980017947	5101H090920EI108	[ ] 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)
10/01/2007	09/30/2011	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$0.00	$0.00	$0.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$0.00	$0.00	$0.00
d. Total unliquidated obligations			$22,662.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$22,662.00
g. Total Federal share (Sum of Lines c and f)			$22,662.00
h. Total Federal funds authorized for this funding period			$25,179.00
i. Unobligated balance of Federal funds (Line h minus Line g)			$2,517.00

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
	0.00%	$0.00	$0.00	$0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Mr. Alberto A Lamorena Director	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted
	04/28/2009

DOJ Standard Form 269a (REV 2002)

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May 2005

4/27/09

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**	**2008-DJ-BX-0735** 2008 Byrne Justice Assistance Grant Sup	**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	**5101H090920EI108**	[ ] 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)
10/1/2007	**9/30/2011**	**01/1/2009**	**03/31/2009**

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			22,662
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			22,662
g. Total Federal share *(Sum of lines c and f)*			22,662
h. Total Federal funds authorized for this funding period			25,179
i. Unobligated balance of Federal funds *(Line h minus line g)*			2,517

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 APR 28 2009

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

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice **Office of Justice Programs (OJP)**	2007-RT-BX-0056	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
P. O. Box 2950
Hagatna, GU 96932-

4. Vendor Number	5. Recipient internal code or Identifying Number (if any)	6. Final Report	7. Basis
980017947	5101H070920SE107	[ ] 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)
10/01/2006	09/30/2010	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$0.00	$0.00	$0.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$0.00	$0.00	$0.00
d. Total unliquidated obligations			$0.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$0.00
g. Total Federal share (Sum of Lines c and f)			$0.00
h. Total Federal funds authorized for this funding period			$38,567.00
i. Unobligated balance of Federal funds (Line h minus Line g)			$38,567.00

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
	0.00%	$0.00	$0.00	$0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Mr. Alberto A Lamorena Director	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted
	04/28/2009

DOJ Standard Form 269a (REV 2002)

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4/28/09

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)

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	**5101H070920SE107**	[ ] 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**	**01/01/2009**	**03/31/2009**

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 APR 28 2009

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

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice Office of Justice Programs (OJP)	2007-CD-BX-0061	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, GU 96932-2950

4. Vendor Number	5. Recipient internal code or identifying Number (if any)	6. Final Report	7. Basis
980017947	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)
10/01/2007	09/30/2009	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$5,556.00	$0.00	$5,556.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$5,556.00	$0.00	$5,556.00
d. Total unliquidated obligations			$86,886.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$86,886.00
g. Total Federal share (Sum of Lines c and f)			$92,442.00
h. Total Federal funds authorized for this funding period			$96,594.00
i. Unobligated balance of Federal funds (Line h minus Line g)			$4,152.00

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
	0.00%	$0.00	$0.00	$0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Mr. Alberto A Lamorena Director	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted
	04/28/2009

DOJ Standard Form 269a (REV 2002)

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May 2005

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	**09/30/09**	**01/1/2009**	**03/31/09**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**5,556**	**0**	**5,556**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**5,556**	**0**	**5,556**
d. Total unliquidated obligations			**86,886**
e. Recipient share of unliquidated obligations			**0**
f. Federal share of unliquidated obligations			**86,886**
g. Total Federal share *(Sum of lines c and f)*			**92,442**
h. Total Federal funds authorized for this funding period			**96,594**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**4,152**

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 APR 28 2009

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

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice **Office of Justice Programs (OJP)**	2007-GP-CX-0028	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, GU 96932-

4. Vendor Number	5. Recipient internal code or Identifying Number (if any)	6. Final Report	7. Basis
980017947	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)
09/01/2007	08/31/2010	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$18,680.00	$0.00	$18,680.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$18,680.00	$0.00	$18,680.00
d. Total unliquidated obligations			$31,951.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$31,951.00
g. Total Federal share (Sum of Lines c and f)			$50,631.00
h. Total Federal funds authorized for this funding period			$55,909.00
i. Unobligated balance of Federal funds (Line h minus Line g)			$5,278.00

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
	0.00%	$0.00	$0.00	$0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Mr. Alberto A Lamorena Director	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted
	04/28/2009

DOJ Standard Form 269a (REV 2002)

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May 2005

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
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	**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**	**01/1/2009**	**03/31/2009**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**18,680**	**0**	**18,680**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**18,680**	**0**	**18,680**
d. Total unliquidated obligations			**31,951**
e. Recipient share of unliquidated obligations			**0**
f. Federal share of unliquidated obligations			**31,951**
g. Total Federal share *(Sum of lines c and f)*			**50,631**
h. Total Federal funds authorized for this funding period			**55,909**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**5,278**

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
	APR 28 2009

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

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice **Office of Justice Programs (OJP)**	2004-GP-CX-0701	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
Post Office Box 2950
Hagatna, GU 96932-0000

4. Vendor Number	5. Recipient internal code or Identifying Number (if any)	6. Final Report	7. Basis
980017947	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)
10/01/2004	09/30/2009	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$324,010.00	$8,587.00	$332,597.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$324,010.00	$8,587.00	$332,597.00
d. Total unliquidated obligations			$26,769.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$26,769.00
g. Total Federal share (Sum of Lines c and f)			$359,366.00
h. Total Federal funds authorized for this funding period			$362,038.00
i. Unobligated balance of Federal funds (Line h minus Line g)			$2,672.00

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
	0.00%	$0.00	$0.00	$0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Mr. Alberto A Lamorena Director	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted
	04/28/2009

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

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May 2005

4/28/09

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
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	**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	**09/30/09**	**01/1/2009**	**03/31/2009**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**324,010**	**8,587**	**332,597**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**324,010**	**8,587**	**332,597**
d. Total unliquidated obligations			**26,769**
e. Recipient share of unliquidated obligations			**0**
f. Federal share of unliquidated obligations			**26,769**
g. Total Federal share *(Sum of lines c and f)*			**359,366**
h. Total Federal funds authorized for this funding period			**362,038**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**2,672**

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 APR 28 2009

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

4/29/09

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice **Office of Justice Programs (OJP)**	2005-RT-BX-0054	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
Post Office Box 2950
Hagatna, GU 96932-2950

4. Vendor Number	5. Recipient internal code or identifying Number (if any)	6. Final Report	7. Basis
980017947	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)
10/01/2004	09/30/2009	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$57,739.00	$10,765.00	$68,504.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$57,739.00	$10,765.00	$68,504.00
d. Total unliquidated obligations			$67,409.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$67,409.00
g. Total Federal share (Sum of Lines c and f)			$135,913.00
h. Total Federal funds authorized for this funding period			$135,913.00
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 0.00%	c. Base $0.00	d. Total Amount $0.00	e. Federal Share $0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Mr. Alberto A Lamorena Director	(671) 472-4201
Signature of Authorized Certifying Official	Date Report Submitted
	04/28/2009

DOJ Standard Form 269a (REV 2002)

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May 2005

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)

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	**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	**09/30/09**	**01/01/2009**	**03/31/2009**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**57,739**	**10,765**	**68,504**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**57,739**	**10,765**	**68,504**
d. Total unliquidated obligations			**67,409**
e. Recipient share of unliquidated obligations			**0**
f. Federal share of unliquidated obligations			**67,409**
g. Total Federal share *(Sum of lines c and f)*			**135,913**
h. Total Federal funds authorized for this funding period			**135,913**
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
	APR 28 2009

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

FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted	2. Grant or Award Number Assigned by OJP	OMB Approval No.	Page	of
U.S Dept. of Justice **Office of Justice Programs (OJP)**	2008-DJ-BX-0058	1121-0264 Expires: 01/3/2006	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Guam Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, GU 96932-2950

4. Vendor Number	5. Recipient internal code or identifying Number (if any)	6. Final Report	7. Basis
980017947	5101H080920EI108	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)
10/01/2007	09/30/2011	01/01/2009	03/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$0.00	$0.00	$0.00
b. Recipient Share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$0.00	$0.00	$0.00
d. Total unliquidated obligations			$335,946.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$335,946.00
g. Total Federal share (Sum of Lines c and f)			$335,946.00
h. Total Federal funds authorized for this funding period			$373,273.00
i. Unobligated balance of Federal funds (Line h minus Line g)			$37,327.00

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
	0.00%	$0.00	$0.00	$0.00

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

		PROGRAM INCOME:			
A. Block/Formula passthrough	$0.00	C. Forfeit	$0.00	D. Other	$0.00
B. Federal Funds Subgranted	$0.00	E. Expended	$0.00	F. Unexpended	$0.00

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 purposes 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
	APR 28 2009

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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**	**2008-DJ-BX-0058** 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	**5101H080920EI108**	[ ] 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)
10/1/2007	**9/30/2011**	**01/1/2009**	**03/31/2009**

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			335,946
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			335,946
g. Total Federal share *(Sum of lines c and f)*			335,946
h. Total Federal funds authorized for this funding period			373,273
i. Unobligated balance of Federal funds *(Line h minus line g)*			37,327

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
	APR 28 2009

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

4/28/09