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

OCT 30 2009

RECEIVED
OCT 30 2009
Bureau of Budget & Mgmt. Research.

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

RE: Submission of FY 2009 4th 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 4th Quarter Funding/Expenditure Report.*

Attached, please find the following reports:

1. FY 2009 Budget and Expenditure Report as of September 30, 2009 (General Fund)
2. Staffing Patterns as of September 30, 2009 (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.

RECEIVED
OFFICE OF THE PUBLIC AUDITOR
DATE: 10-30-09
TIME: 1:50 pm
BY: R

Sincerely,

ALBERTO A. LAMORENA V
Director

Enclosures

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

Office of the Speaker
Judith T. Won Pat, Ed.D.
Date: 10/30/09
Time:
Received by:

FISCAL YEAR 2009
DEPARTMENTAL SUMMARY
As of: September 30, 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:			Avg PP Requirement	Personnel Projected PP remaining x column H	Other Requirements		(C + D - E - I -J)) Projected Lapse/ Shortfall
111 Salary	777,202.00	0.00	777,202.00	779,283.54			31,376.44	0.00	0.00		(2,081.54)
112 OT	0.00	0.00	0.00	0.00			0.00	0.00	0.00		0.00
113 Benefits	230,354.00	0.00	230,354.00	232,119.98			9,299.93	0.00	0.00		(1,765.98)
TOTAL PerSvs	**1,007,556.00**	**0.00**	**1,007,556.00**	**1,011,403.52**			**40,676.37**	**0.00**	**0.00**		**(3,847.52)**
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	16,700.00					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.	6,792.00	0.00	6,792.00	6,792.00					0.00		0.00
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**	**23,492.00**					**0.00**		**0.00**
TOTALS	**1,031,048.00**	**0.00**	**1,031,048.00**	**1,034,895.52**			**40,676.37**	**0.00**	**0.00**		**(3,847.52)**

BUDGET NOTES:

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: September 30, 2009

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

A	B	C	D	E			H	I	J		K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 Allotments (B + C)	Year to Date Exp./Encumb. As of:			Avg PP Requirement	Personnel Projected PP remaining x column H	Other Requirements		(D - (E + I + J)) Projected Lapse/ Shortfall
111 Salary	231,966.00	0.00	231,966.00	224,132.80			9,969.44	0.00	0.00		7,833.20
112 OT	0.00	0.00	0.00	0.00			0.00	0.00	0.00		0.00
113 Benefits	61,272.00	0.00	61,272.00	64,426.13			2,853.22	0.00	0.00		(3,154.13)
TOTAL PerSvs	**293,238.00**	**0.00**	**293,238.00**	**288,558.93**			**12,822.66**	**0.00**	**0.00**		**4,679.07**
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	16,700.00					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.	6,792.00	0.00	6,792.00	6,792.00					0.00		0.00
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**	**23,492.00**					**0.00**		**0.00**
TOTALS	**316,730.00**	**0.00**	**316,730.00**	**312,050.93**			**12,822.66**	**0.00**	**0.00**		**4,679.07**

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: September 30, 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:			Avg PP Requirement (E+G)/2	Personnel Projected PP remaining x column H	Requirements		(C + D - E - I -J)) Projected Lapse/ (Shortfall)
111 Salary	191,156.00	0.00	191,156.00	183,895.86			7,067.00	0.00	0.00		7,260.14
112 OT	0.00	0.00	0.00	0.00			0.00	0.00	0.00		0.00
113 Benefits	59,313.00	0.00	59,313.00	56,193.97			2,145.00	0.00	0.00		3,119.03
TOTAL PerSvs	**250,469.00**	**0.00**	**250,469.00**	**240,089.83**			**9,212.00**	**0.00**	**0.00**		**10,379.17**
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**	**0.00**	**250,469.00**	**240,089.83**			**9,212.00**	**0.00**	**0.00**		**10,379.17**

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: September 30, 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:			Avg PP Requirement (E+G)/2	Personnel Projected PP remaining x column H	Requirements		(C + D - E - I -J)) Projected Lapse/ Shortfall
111 Salary	102,314.00	0.00	102,314.00	104,658.64			3,963.20	0.00	0.00		(2,344.64)
112 OT	0.00	0.00	0.00	0.00			0.00	0.00	0.00		0.00
113 Benefits	29,329.00	0.00	29,329.00	27,434.89			1,038.71	0.00	0.00		1,894.11
TOTAL PerSvs	**131,643.00**	**0.00**	**131,643.00**	**132,093.53**			**5,001.91**	**0.00**	**0.00**		**(450.53)**
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**	**0.00**	**131,643.00**	**132,093.53**			**5,001.91**	**0.00**	**0.00**		**(450.53)**

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: September 30, 2009

Department: BUREAU OF STATISTICS AND PLANS
Division: CHIEF ECONOMIST OFFICE
Account No.: 5100A090904GA001

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	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**

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: September 30, 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:			Avg PP Requirement	Personnel Projected PP remaining x column H	Requirements		(C + D - E - I -J)) Projected Lapse/ Shortfall
111 Salary	251,766.00	0.00	251,766.00	266,596.24			10,376.80	0.00	0.00		(14,830.24)
112 OT	0.00	0.00	0.00	0.00			0.00	0.00	0.00		0.00
113 Benefits	80,440.00	0.00	80,440.00	84,064.99			3,263.00	0.00	0.00		(3,624.99)
TOTAL PerSvs	**332,206.00**	**0.00**	**332,206.00**	**350,661.23**			**13,639.80**	**0.00**	**0.00**		**(18,455.23)**
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**	**0.00**	**332,206.00**	**350,661.23**			**13,639.80**	**0.00**	**0.00**		**(18,455.23)**

BUREAU OF STATISTICS AND PLANS

FY 2009 BUDGET AND EXPENDITURE REPORT

As of: September 30, 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	$231,966.00	$224,132.80	$7,833.20	$9,969.44	$0.00	**$7,833.20**	**$0.00**	
5100A090900GA001-113	Benefits	113	$61,272.00	$61,272.00	$64,426.13	($3,154.13)	$2,853.22	$0.00	**($3,154.13)**	**$0.00**	
Planning Information Program											
5100A090910SE004-111	Salaries	111	$191,156.00	$191,156.00	$183,895.86	$7,260.14	$7,067.00	$0.00	**$7,260.14**	**$0.00**	
5100A090910SE004-113	Benefits	113	$59,313.00	$59,313.00	$56,193.97	$3,119.03	$2,145.00	$0.00	**$3,119.03**	**$0.00**	
Socio-Economic Planning Program											
5100A090920SE005-111	Salaries	111	$102,314.00	$102,314.00	$104,658.64	($2,344.64)	$3,963.20	$0.00	**($2,344.64)**	**$0.00**	
5100A090920SE005-113	Benefits	113	$29,329.00	$29,329.00	$27,434.89	$1,894.11	$1,038.71	$0.00	**$1,894.11**	**$0.00**	
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	$251,766.00	$266,596.24	($14,830.24)	$10,376.80	$0.00	**($14,830.24)**	**$0.00**	
5100A090932EI001-113	Benefits	113	$80,440.00	$80,440.00	$84,064.99	($3,624.99)	$3,263.00	$0.00	**($3,624.99)**	**$0.00**	
		Sub-total:	**$1,007,556.00**	**$1,007,556.00**	**$1,011,403.52**	**($3,847.52)**	**$40,676.37**	**$0.00**	**($3,847.52)**	**$0.00**	
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	$16,700.00	$0.00	$1,670.00	$0.00	**$0.00**	**$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	$6,792.00	$0.00	$595.00	$0.00	**$0.00**	**$0.00**	
		Sub-total:	**$23,492.00**	**$23,492.00**	**$23,492.00**	**$0.00**	**$2,265.00**	**$0.00**	**$0.00**	**$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**	**$1,031,048.00**	**$1,034,895.52**	**($3,847.52)**	**$42,941.37**	**$0.00**	**($3,847.52)**	**$0.00**	

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: September 30, 2009

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*25.20%)	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-18	$ 72,785	$ -	$ -	4/28/2011	$ -	$ 72,785	$ 18,342	$ -	$ -	$ -	$ 174	$ 3,164	$ 385	$ 22,065	$ 94,850
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:	----	$ 262,849	$ -	$ -	----	$ -	$ 262,849	$ 66,238	$ 404	$ -	$ 2,240	$ 870	$ 18,755	$ 1,925	$ 87,497	$ 350,346

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009
Budget
Agency Current Staffing Pattern
As of: September 30, 2009

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 * 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	$ 72	$ 25,643	$ 6,462	$ 404	$ -	$ 372	$ 174	$ 1,380	$ 180	$ 8,972	$ 34,615
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	----	$72	$269,918	$68,019	$808	$0	$2,897	$1,392	$19,851	$2,519	$95,486	$365,405

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: September 30, 2009

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-16	$ 57,278	$ -	$ -	7/11/2011		$ 57,278	$ 14,434	$ -	$ -	$ 831	$ 174	$ 1,380	$ 180	$ 16,999	$ 74,277
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-7	$ 23,808	$ -	$ -	2/11/2011	$ -	$ 23,808	$ 6,000		$ -	$ 345	$ 174	$ 3,164	$ 385	$ 10,068	$ 33,876
			Grand Total:	----	$ 187,519	$ -	$ -	----	$ -	$ 187,519	$ 47,255	$ 404	$ -	$ 2,719	$ 696	$ 7,762	$ 976	$ 59,812	$ 247,331

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: September 30, 2009

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	0	49,364	$12,440	0	0	$716	174	3,606	414	17,350	66,714
2	SOC006	Planner III	Ernest E. Caseres	N-16	$57,278	$0	$0	5/27/2011	$0	57,278	$14,434	$0	$0	$0	$174	$0	$0	$14,608	$71,886
			Grand Total:	----	$106,642	$0	$0	----	$0	$106,642	$26,874	$0	$0	$716	$348	$3,606	$414	$31,958	$138,600

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: September 30, 2009

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: INTERJURISDICTIONAL FISHERIES 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: September 30, 2009

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: September 30, 2009

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-15	$ 51,092	$ -	$ -	8/1/2011	$ -	$ 51,092	$ 12,875	$ -	$ -	$ 741	$ 174	$ 3,606	$ 385	$ 17,781	$ 68,873
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-14	$ 49,364	$ -	$ -	9/29/2011	$	$ 49,364	$ 12,440	$ -	$ -	$ 716	$ 174	$ 3,164	$ 385	$ 16,879	$ 66,243
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:	---	$374,316	$0	$0	---	$0	$374,316	$94,328	$0	$0	$5,422	$1,392	$22,155	$2,595	$125,891	$500,207

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2009 Budget
Agency Current Staffing Pattern
As of: September 30, 2009

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: September 30, 2009

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 Projects Coordinator	David M. Burdick	M-7	$ 38,716	$ -	$ -		$ -	$ 38,716	$ 9,756	$ 404	$ -	$ 561	$ 174	$ 1,380	$ 180	$ 12,456	$ 51,172
2	CRI-001	Program Coordinator I	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: September 30, 2009

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-8	43,490	0	0	10/29/2010	0	43,490	$10,959	0	0	$631	$174	$3,606	$413	15,783	59,273
3	GDDC004	Program Coordinator I	Kristina C. Perez	K-2	26,197	0	0	1/21/2010	0	26,197	$6,602	$404	0	380	174	3,606	413	11,579	37,776
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			Grand Total:	----	$124,961	$0	$0	----	$0	$124,961	$31,490	$808	$0	$1,812	$522	$9,445	$1,096	$45,173	$170,134

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

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA07NMF4070002**	1	2 pages

3. Recipient Organization (Name and complete address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
778904292	980018947	5101E080910DC103	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
October 1, 2007	September 30, 2010	September 30, 2009

10. **Transactions**	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	$12,328.40
b. Cash Disbursements	$12,328.40
c. Cash on Hand (line a minus b)	$0.00
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	N/A
e. Federal share of expenditures	N/A
f. Federal share of unliquidated obligations	N/A
g. Total Federal share (sum of lines e and f)	N/A
h. Unobligated balance of Federal funds (line d minus g)	N/A
Recipient Share:	
i. Total recipient share required	N/A
j. Recipient share of expenditures	N/A
k. Remaining recipient share to be provided (line i minus j)	N/A
Program Income:	
l. Total Federal program income earned	N/A
m. Program income expended in accordance with the deduction alternative	N/A
n. Program income expended in accordance with the addition alternative	N/A
o. Unexpended program income (line l minus line m or line n)	N/A

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				g. Totals:	N/A	N/A	N/A

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Alberto A. Lamorena V	d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) OCT 29 2009
	14. Agency use only: See Page 2

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0060), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA07NMF4070002**	2	2

3. Recipient Organization (Name and complete mailing address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accounting
778904292	980018947	5101E080910DC103	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year)
October 1, 2007	September 30, 2010	September 30, 2009

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

14. Agency use only:

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**	**NAO7NMF4070002** Data Collection and Data Entry in the Management of Guam's Interjurisdictional Fishery Resources	**1121-0264** Expires: 01/31/2006	**1 / 1** pages

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

SEMI-ANNUAL FINANCIAL REPORT

BUREAU OF STATISTICS AND PLANS
P.O. BOX 2950
HAGATNA, GUAM 96932

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101E080910DC103**	[ ] 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)
10/07/04	**09/30/10**	**04/01/09**	**09/30/09**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**12,328**	**0**	**12,328**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**12,328**	**0**	**12,328**
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)*			**12,328**
h. Total Federal funds authorized for this funding period			**12,358**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**30**

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

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

A. Block/Formula passthrough: $ 0 C. Forfeit: $ 0 E. Expended: $ 0

B. Federal Fund Subgranted: $ 0 D. Other: $ 0 F. Unexpended: $ 0

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

Typed or Printed Name and Title	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 OCT 9 2009

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

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	NA07NMF4370059	1	2 pages

3. Recipient Organization (Name and complete address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
778904292	980018947	5101H070910DC105	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
July 1, 2007	June 30, 2010	September 30, 2009

10. **Transactions**	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	$78,448.90
b. Cash Disbursements	$81,483.32
c. Cash on Hand (line a minus b)	-$3,034.42
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	N/A
e. Federal share of expenditures	N/A
f. Federal share of unliquidated obligations	N/A
g. Total Federal share (sum of lines e and f)	N/A
h. Unobligated balance of Federal funds (line d minus g)	N/A
Recipient Share:	
i. Total recipient share required	N/A
j. Recipient share of expenditures	N/A
k. Remaining recipient share to be provided (line i minus j)	N/A
Program Income:	
l. Total Federal program income earned	N/A
m. Program income expended in accordance with the deduction alternative	N/A
n. Program income expended in accordance with the addition alternative	N/A
o. Unexpended program income (line l minus line m or line n)	N/A

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				g. Totals:	N/A	N/A	N/A

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Alberto A. Lamorena V	d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) OCT 29 2009
	14. Agency use only: See Page 2

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0060), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA07NMF4370059**	2	2

3. Recipient Organization (Name and complete mailing address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accounting
778904292	980018947	5101H070910DC105	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year)
July 1, 2007	June 30, 2010	September 30, 2009

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

14. Agency use only:

Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.

This report has NOT been submitted.

Reported cash receipts (Line 10.a) for this report indicate that the recpient has drawn down 65% of the Federal funding for this award in 75% of the award period.

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**	**NA07NMF4370059** 2007 WPACFIN Cooperative Agreement Grant	**1121-0264** Expires: 01/31/2006	**1 / 1** pages

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

SEMI-ANNUAL REPORT

BUREAU OF STATISTICS AND PLANS
P.O. BOX 2950
HAGATNA, GUAM 96932

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
98-0017947	**5101H070910DC105**	[ ] 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)
07/01/07	**06/30/10**	**04/01/09**	**09/30/09**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**62,640**	**18,843**	**81,483**
b. Recipient share of outlays	**0**	**0**	**0**
c. Federal share of outlays	**62,640**	**18,843**	**81,483**
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)*			**81,483**
h. Total Federal funds authorized for this funding period			**80,000**
i. Unobligated balance of Federal funds *(Line h minus line g)*			**(1,483)**

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
	OCT 29 2009

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

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	NA07NOS4260060	1	2 pages

3. Recipient Organization (Name and complete address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
778904292	980018947	5101H080930EI114	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
October 1, 2007	September 30, 2010	September 30, 2009

10. **Transactions**	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	$130,751.07
b. Cash Disbursements	$136,838.73
c. Cash on Hand (line a minus b)	
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	N/A
e. Federal share of expenditures	N/A
f. Federal share of unliquidated obligations	N/A
g. Total Federal share (sum of lines e and f)	N/A
h. Unobligated balance of Federal funds (line d minus g)	N/A
Recipient Share:	
i. Total recipient share required	N/A
j. Recipient share of expenditures	N/A
k. Remaining recipient share to be provided (line i minus j)	N/A
Program Income:	
l. Total Federal program income earned	N/A
m. Program income expended in accordance with the deduction alternative	N/A
n. Program income expended in accordance with the addition alternative	N/A
o. Unexpended program income (line l minus line m or line n)	N/A

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				g. Totals:	N/A	N/A	N/A

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:*
See Page 2

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Alberto A. Lamorena V	d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
	14. Agency use only: See Page 2

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0060), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA07NOS4260060**	2	2

3. Recipient Organization (Name and complete mailing address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accounting
778904292	980018947	5101H080930EI114	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year)
October 1, 2007	September 30, 2010	September 30, 2009

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

As of 9/30/09, total cash disbursements exceeded cash receipts by $6,087.66. Two drawdowns totaling $5,467.37 were subsequently made after that date.

14. Agency use only:

Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.

This report has NOT been submitted.

Cash on hand (line 10.c) is -$6,087.66. An explanation for this large amount of cash not drawn down to cover expenses is required from the recipient.

Reported cash receipts (Line 10.a) for this report indicate that the recpient has drawn down 34% of the Federal funding for this award in 67% of the award period.

9

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA08NOS4190455 Section 306/306A**	1	2 pages

3. Recipient Organization (Name and complete address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
778904292	980018947	5101H090930CE101	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
October 1, 2008	March 31, 2010	September 30, 2009

10. **Transactions**	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	$529,097.71
b. Cash Disbursements	$576,621.30
c. Cash on Hand (line a minus b)	
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	N/A
e. Federal share of expenditures	N/A
f. Federal share of unliquidated obligations	N/A
g. Total Federal share (sum of lines e and f)	N/A
h. Unobligated balance of Federal funds (line d minus g)	N/A
Recipient Share:	
i. Total recipient share required	N/A
j. Recipient share of expenditures	N/A
k. Remaining recipient share to be provided (line i minus j)	N/A
Program Income:	
l. Total Federal program income earned	N/A
m. Program income expended in accordance with the deduction alternative	N/A
n. Program income expended in accordance with the addition alternative	N/A
o. Unexpended program income (line l minus line m or line n)	N/A

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				g. Totals:	N/A	N/A	N/A

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:*
See Page 2

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Alberto A. Lamorena V	d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
	14. Agency use only: See Page 2

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0060), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA08NOS4190455 Section 306/306A**	2	2

3. Recipient Organization (Name and complete mailing address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accounting
778904292	980018947	5101H090930CE101	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year)
October 1, 2008	March 31, 2010	September 30, 2009

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

The Cash Receipts as determined by the Federal Accounting System shows $541,091.61 because it combines the drawdowns from Section 306, 309, and 310 programs, even if we will be reporting expenditures seperately.

Total correct drawdown for Section 306 program funds is $529,097.91. Total expenditures through 9/30/09 is $576,621.30. The negative cash on hand of $47,523.39 does not reflect the subsequent drawdown of $39000.82, which was made of 10/02/09. In addition, our finance office will be making arrangements to drawdown additional funds to reimburse for expenditures paid out under this project.

14. Agency use only:

Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.

This report has NOT been submitted.

Cash on hand (line 10.c) is -$47,523.59. An explanation for this large amount of cash not drawn down to cover expenses is required from the recipient.

This is a Coastal Zone Management Award. The recipient has reported cash receipts of $529,097.71. The Federal accounting system (CBS) has determined that the amount received by the recipient is $541,091.61 for all CZM sections of this award.
There are no other CZM sections for this award. The recipient has reported cash receipts of $529,097.71 on Line 10.a.
The Federal accounting system (CBS) has determined that the amount received by the recipient is $541,091.61.
An explanation of this discrepancy should be provided by the recipient.

None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.

Reported cash receipts (Line 10.a) for this report indicate that the recpient has drawn down 56% of the Federal funding for this award in 67% of the award period.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA08NOS4190455 Section 309**	1	2 pages

3. Recipient Organization (Name and complete address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
778904292	980018947	5101H090930CE102	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
October 1, 2008	March 31, 2010	September 30, 2009

10. **Transactions**	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	$0.00
b. Cash Disbursements	$0.00
c. Cash on Hand (line a minus b)	$0.00
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	N/A
e. Federal share of expenditures	N/A
f. Federal share of unliquidated obligations	N/A
g. Total Federal share (sum of lines e and f)	N/A
h. Unobligated balance of Federal funds (line d minus g)	N/A
Recipient Share:	
i. Total recipient share required	N/A
j. Recipient share of expenditures	N/A
k. Remaining recipient share to be provided (line i minus j)	N/A
Program Income:	
l. Total Federal program income earned	N/A
m. Program income expended in accordance with the deduction alternative	N/A
n. Program income expended in accordance with the addition alternative	N/A
o. Unexpended program income (line l minus line m or line n)	N/A

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				g. Totals:	N/A	N/A	N/A

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:*
See Page 2

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Alberto A. Lamorena V	d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
	14. Agency use only: See Page 2

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0060), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA08NOS4190455 Section 309**	2	2

3. Recipient Organization (Name and complete mailing address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accounting
778904292	980018947	5101H090930CE102	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year)
October 1, 2008	March 31, 2010	September 30, 2009

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

The Cash Receipts as determined by the Federal Accounting System (FAS) shows $541,091.61 because it combines the drawdowns from Section 306, 309, and 310 programs, even if we are reporting them seperately.

Total correct drawdowns for Section 309 program is $ 0.00. In addition, there were no associated expenditures under this specific program.

14. Agency use only:

Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.

This report has NOT been submitted.

This is a Coastal Zone Management Award. The recipient has reported cash receipts of $0.00. The Federal accounting system (CBS) has determined that the amount received by the recipient is $541,091.61 for all CZM sections of this award.
There are no other CZM sections for this award. The recipient has reported cash receipts of $0.00 on Line 10.a.
The Federal accounting system (CBS) has determined that the amount received by the recipient is $541,091.61.
An explanation of this discrepancy should be provided by the recipient.

None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.

Reported cash receipts (Line 10.a) for this report indicate that the recpient has drawn down 0% of the Federal funding for this award in 67% of the award period.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce/NOAA	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) **NA08NOS4190455 Section 310**	Page 1	of 2 pages

3. Recipient Organization (Name and complete address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
778904292	980018947	5101H090930CE103	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
October 1, 2008	March 31, 2010	September 30, 2009

10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	$11,993.70
b. Cash Disbursements	$43,055.27
c. Cash on Hand (line a minus b)	-$31,061.57
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	N/A
e. Federal share of expenditures	N/A
f. Federal share of unliquidated obligations	N/A
g. Total Federal share (sum of lines e and f)	N/A
h. Unobligated balance of Federal funds (line d minus g)	N/A
Recipient Share:	
i. Total recipient share required	N/A
j. Recipient share of expenditures	N/A
k. Remaining recipient share to be provided (line i minus j)	N/A
Program Income:	
l. Total Federal program income earned	N/A
m. Program income expended in accordance with the deduction alternative	N/A
n. Program income expended in accordance with the addition alternative	N/A
o. Unexpended program income (line l minus line m or line n)	N/A

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				g. Totals:	N/A	N/A	N/A

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:*
See Page 2

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Alberto A. Lamorena V	c. Telephone (Area code, number and extension)
	d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
	14. Agency use only: See Page 2

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
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FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Commerce/NOAA	**NA08NOS4190455 Section 310**	2	2

3. Recipient Organization (Name and complete mailing address including Zip code)
Government of Guam, Department of Administration
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accounting
778904292	980018947	5101H090930CE103	☐ Quarterly ☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☑ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year)
October 1, 2008	March 31, 2010	September 30, 2009

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

The Cash Receipts as determined by the Federal Accounting System shows $541,091.61 because it combines the drawdowns from Section 306, 309, and 310 programs, even if we will be reporting each program seperately.

Total correct drawdown for Section 310 program funds is only $11,993.70. Total expenditures through 9/30/09 is $43,055.77. The negative cash on hand of $31,061.57 does not reflect the subsequent drawdown of $25,128.41, which was done on 10/2/09. In addition, our finance department will be making arrangements to drawdown additional funds to request reimbursement for expenditures paid out under this project.

14. Agency use only: