BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam

Felix P. Camacho
Governor of Guam

Michael W. Cruz, M.D.
Lieutenant Governor

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

Alberto "Tony" Lamorena V
Director

COPY

RECEIVED
APR 30 2010
12:45
Bureau of Budget & Mgmt. Research

RECEIVED
OFFICE OF THE PUBLIC AUDITOR
DATE: 4/30/2010
TIME: 12:30pm
BY: Rachel Filed

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

RE: Submission of FY 2010 2nd Quarter Funding/Expenditure Report

Dear Speaker Won Pat:

Pursuant to Chapter XIII, Section 6 – Reporting Requirements, of Public Law 30-55, we are hereby submitting our *FY 2010 2nd Quarter Funding/Expenditure Report.*

Attached, please find the following reports:

1. FY 2010 Budget and Expenditure Report as of March 31, 2010 (General Fund)
2. Staffing Patterns as of March 31, 2010 (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.

Sincerely,

ALBERTO A. LAMORENA V
Director

Enclosures

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

April 30, 2010
2:18pm

FY 2010
PROJECTION ANALYSIS
As of March 31, 2010

Department: BUREAU OF STATISTICS AND PLANS
Division: SUMMARY
Account No.: 5100A100900GA001

Budget Act(s) (P.L. #) P.L. 30-55
YTD Exp & Enc. Date 4/1/2010
LABOR COST (PPE #1) 3/27/2010
LABOR COST (PPE #2) 3/13/2010
Remaining PP 13.4

A	B	C	D	E	F	G	H	I	J	K	L	M
							INFORMATIONAL ONLY					
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 4/1/2010	CURRENT Staffing Pattern PP Requirement	Remaing PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 3/27/2010	LABOR COST PPE: 3/13/2010	Avg. PP Requirment [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	814,259	5,788	808,471	394,056	32,014	428,968	30,990	30,958	30,974	433,650	0	(14,573)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	232,293	8,032	224,261	107,705	10,516	140,913	8,487	8,477	8,482	118,734	0	(24,357)
TOTAL PerSvs	**1,046,552**	**13,820**	**1,032,732**	**501,761**	**42,530**	**569,901**	**39,477**	**39,435**	**39,456**	**552,384**	**0**	**(38,930)**
220 Travel	0	0	0	0							0	0
230 Contract	2,500	75	2,425	0							0	2,425
233 Rent	20,040	0	20,040	20,040							0	0
240 Supplies	0	0	0	0							0	0
250 Equip.	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub.Rec.	0	0	0	0							0	0
290 Misc.	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele.	6,460	75	6,385	3,166							0	3,219
450 Cap. Out.	0	0	0	0							0	0
TOTAL Opers	**29,000**	**150**	**28,850**	**23,206**							**0**	**5,644**
TOTALS	**1,075,552**	**13,970**	**1,061,582**	**524,966**	**42,530**	**569,901**	**39,477**	**39,435**	**39,456**	**552,384**	**0**	**(33,285)**

Footnotes / Notes:

FY 2010
PROJECTION ANALYSIS
As of March 31, 2010

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 5100A100900GA001

A	B	C	D	E	F	G	H	I	J	K	L	M
							INFORMATIONAL ONLY					
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 4/1/2010	CURRENT Staffing Pattern PP Requirement	Remaing PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 3/27/2010	LABOR COST PPE: 3/13/2010	Avg. PP Recuitment [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	259,054	2,177	256,877	129,589	10,163	136,184	10,163	10,216	10,190	142,680	0	(8,896)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	68,879	0	68,879	34,994	3,466	46,443	2,750	2,765	2,757	38,598	0	(12,559)
TOTAL PerSvs	**327,933**	**2,177**	**325,756**	**164,583**	**13,629**	**182,628**	**12,913**	**12,981**	**12,947**	**181,258**	**0**	**(21,455)**
220 Travel	0	0	0	0							0	0
230 Contract	2,500	75	2,425	0							0	2,425
233 Rent	20,040	0	20,040	20,040							0	0
240 Supplies	0	0	0	0							0	0
250 Equip.	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub.Rec.	0	0	0	0							0	0
290 Misc.	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele.	6,460	75	6,385	3,166							0	3,219
450 Cap. Out.	0	0	0	0							0	0
TOTAL Opers	**29,000**	**150**	**28,850**	**23,206**							**0**	**5,644**
TOTALS	**356,933**	**2,327**	**354,606**	**187,789**	**13,629**	**182,628**	**12,913**	**12,981**	**12,947**	**181,258**	**0**	**(15,810)**

Footnotes / Notes:

FY 2010
PROJECTION ANALYSIS
As of March 31, 2010

Department: BUREAU OF STATISTICS AND PLANS
Division: PLANNING INFORMATION PROGRAM
Account No.: 5100A100910SE004

A	B	C	D	E	F	G	H	I	J	K	L	M
							INFORMATIONAL ONLY					
Account Code	Budget Act(s) Appropriations P.L. 30-65	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 4/1/2010	CURRENT Staffing Pattern PP Requirement	Remaing PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 3/27/2010	LABOR COST PPE: 3/13/2010	Avg. PP Recuirment [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	187,519	0	187,519	92,012	7,213	96,654	7,213	7,213	7,213	100,982	0	(1,147)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	60,015	8,032	51,983	25,659	2,362	31,651	2,015	2,015	2,015	28,210	0	(5,327)
TOTAL PerSvs	**247,534**	**8,032**	**239,502**	**117,671**	**9,575**	**128,305**	**9,228**	**9,228**	**9,228**	**129,192**	**0**	**(6,474)**
220 Travel	0	0	0	0							0	0
230 Contract	0	0	0	0							0	0
233 Rent	0	0	0	0							0	0
240 Supplies	0	0	0	0							0	0
250 Equip.	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub.Rec.	0	0	0	0							0	0
290 Misc.	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele.	0	0	0	0							0	0
450 Cap. Out.	0	0	0	0							0	0
TOTAL Opers	**0**	**0**	**0**	**0**							**0**	**0**
TOTALS	**247,534**	**8,032**	**239,502**	**117,671**	**9,575**	**128,305**	**9,228**	**9,228**	**9,228**	**129,192**	**0**	**(6,474)**

Footnotes / Notes:

FY 2010
PROJECTION ANALYSIS
As of March 31, 2010

Department: BUREAU OF STATISTICS AND PLANS
Division: SOCIO ECONOMIC PLANNING
Account No.: 5100A100920SE005

A	B	C	D	E	F	G	H	I	J	K	L	M
							INFORMATIONAL ONLY					
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 4/1/2010	CURRENT Staffing Pattern PP Requirement	Remaing PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 3/27/2010	LABOR COST PPE: 3/13/2010	Avg. PP Requirment [(P + Q) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	106,642	0	106,642	52,745	4,102	54,967	4,102	4,102	4,102	57,420	0	(1,070)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	28,486	0	28,486	14,060	1,264	16,938	1,095	1,095	1,095	15,330	0	(2,512)
TOTAL PerSvs	**135,128**	**0**	**135,128**	**66,805**	**5,366**	**71,904**	**5,197**	**5,197**	**5,197**	**72,758**	**0**	**(3,582)**
220 Travel	0	0	0	0							0	0
230 Contract	0	0	0	0							0	0
233 Rent	0	0	0	0							0	0
240 Supplies	0	0	0	0							0	0
250 Equip.	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub.Rec.	0	0	0	0							0	0
290 Misc.	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele.	0	0	0	0							0	0
450 Cap. Out.	0	0	0	0							0	0
TOTAL Opers	**0**	**0**	**0**	**0**							**0**	**0**
TOTALS	**135,128**	**0**	**135,128**	**66,805**	**5,366**	**71,904**	**5,197**	**5,197**	**5,197**	**72,758**	**0**	**(3,582)**

Footnotes / Notes:

FY 2010
PROJECTION ANALYSIS
As of March 31, 2010

Department: BUREAU OF STATISTICS AND PLANS
Division: BUSINESS AND ECONOMIC STATISTICS
Account No.: 5100A10932EI001

A	B	C	D	E	F	G	H	I	J	K	L	M
							INFORMATIONAL ONLY					
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 4/1/2010	CURRENT Staffing Pattern PP Requirement	Remaing PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 3/27/2010	LABOR COST PPE: 3/13/2010	Avg. PP Requirment [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	261,044	3,611	257,433	119,710	10,536	141,182	9,513	9,427	9,470	132,580	0	(3,460)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	74,913	0	74,913	32,991	3,424	45,882	2,626	2,602	2,614	36,596	0	(3,960)
TOTAL PerSvs	**335,957**	**3,611**	**332,346**	**152,701**	**13,960**	**187,064**	**12,139**	**12,030**	**12,084**	**169,176**	**0**	**(7,419)**
220 Travel	0	0	0	0							0	0
230 Contract	0	0	0	0							0	0
233 Rent	0	0	0	0							0	0
240 Supplies	0	0	0	0							0	0
250 Equip.	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub.Rec.	0	0	0	0							0	0
290 Misc.	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele.	0	0	0	0							0	0
450 Cap. Out.	0	0	0	0							0	0
TOTAL Opers	**0**	**0**	**0**	**0**							**0**	**0**
TOTALS	**335,957**	**3,611**	**332,346**	**152,701**	**13,960**	**187,064**	**12,139**	**12,030**	**12,084**	**169,176**	**0**	**(7,419)**

Footnotes / Notes:

Run Date . : 4/26/10 STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES Page . : 1
Run Time . : 12:00:39 Program: PRTAPPN

User ID. . . . : BOPCUABT
To date. . . . : 3/2010
Account. . . . : 5100A1009 Exclude Object Codes:
Dept/Division :

Account Number / Tot Appropriation	Account Name / YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unalloted Balance
5100A100900GA001111 ADMINISTRATION					
259,054.00	128,440.00	129,589.44		1,149.44-	130,614.00
5100A100900GA001113 ADMINISTRATION					
68,879.00	34,450.00	34,994.22		544.22-	34,429.00
5100A100900GA001114 ADMINISTRATION					
5100A100900GA001230 ADMINISTRATION					
2,500.00	2,425.00			2,425.00	75.00
5100A100900GA001233 ADMINISTRATION					
20,040.00	20,040.00	10,020.00	10,020.00		
5100A100900GA001363 ADMINISTRATION					
6,460.00	6,385.00	2,613.84	551.85	3,219.31	75.00
GA001 PROGRAM TOTALS	**Count: 6**				
356,933.00	**191,740.00**	**177,217.50**	**10,571.85**	**3,950.65**	**165,193.00**
00 DIVISION TOTALS	**Count: 6**				
356,933.00	**191,740.00**	**177,217.50**	**10,571.85**	**3,950.65**	**165,193.00**
5100A100910SE004111 PLANNING INFORMATION					
187,519.00	93,769.00	92,011.76		1,757.24	93,750.00
5100A100910SE004113 PLANNING INFORMATION					
60,015.00	26,000.00	25,658.86		341.14	34,015.00
5100A100910SE004114 PLANNING INFORMATION					
SE004 PROGRAM TOTALS	**Count: 3**				
247,534.00	**119,769.00**	**117,670.62**		**2,098.38**	**127,765.00**
10 DIVISION TOTALS	**Count: 3**				
247,534.00	**119,769.00**	**117,670.62**		**2,098.38**	**127,765.00**
5100A100920SE005111 SOCIAL ECONOMIC PLANNING					
106,642.00	53,326.00	52,745.04		580.96	53,316.00
5100A100920SE005113 SOCIAL ECONOMIC PLANNING					
28,486.00	14,248.00	14,060.26		187.74	14,238.00
5100A100920SE005114 SOCIAL ECONOMIC PLANNING					
SE005 PROGRAM TOTALS	**Count: 3**				
135,128.00	**67,574.00**	**66,805.30**		**768.70**	**67,554.00**
20 DIVISION TOTALS	**Count: 3**				
135,128.00	**67,574.00**	**66,805.30**		**768.70**	**67,554.00**
5100A100932EI001111 BUSINESS & ECONOMIC STATISTICS					
261,044.00	140,725.00	119,710.24		21,014.76	120,319.00

User ID. . . . : BOPCUABT
To date. . . . : 3/2010
Account. . . . : 5100A1009 Exclude Object Codes:
Dept/Division :

Account Number / Account Name	Tot Appropriation	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unalloted Balance
5100A100932EI001113 BUSINESS & ECONOMIC STATISTICS	74,913.00	37,466.00	32,991.03		4,474.97	37,447.00
5100A100932EI001114 BUSINESS & ECONOMIC STATISTICS						
EI001 PROGRAM TOTALS	**335,957.00**	**Count: 178,191.00**	**3 152,701.27**		**25,489.73**	**157,766.00**
32 DIVISION TOTALS	**335,957.00**	**Count: 178,191.00**	**3 152,701.27**		**25,489.73**	**157,766.00**
09 DEPARTMENT TOTALS:	**1,075,552.00**	**Count: 557,274.00**	**15 514,394.69**	**10,571.85**	**32,307.46**	**518,278.00**
A10 APTYP+FY TOTALS:	**1,075,552.00**	**Count: 557,274.00**	**15 514,394.69**	**10,571.85**	**32,307.46**	**518,278.00**
100 FUND TOTALS:	**1,075,552.00**	**Count: 557,274.00**	**15 514,394.69**	**10,571.85**	**32,307.46**	**518,278.00**
FINAL TOTALS	**1,075,552.00**	**Count: 557,274.00**	**15 514,394.69**	**10,571.85**	**32,307.46**	**518,278.00**

FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted	U.S. Department of Justice
2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	2008-GP-CX-0047
Page	1 of 1
3. Recipient Organization (Name and complete address including Zip code)	Guam Bureau of Statistics and Plans Post Office Box 2950Hagatna, GU 96932-2950
4a. DUNS Number	778904292
4b. EIN	98-0018947
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	5101H080920SE102
6. Report Type	☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final
7. Basis of Accounting	☐ Cash ☒ Accrual
8. Project/Grant Period From: (Month, Day, Year)	09/01/2008
To: (Month, Day, Year)	08/31/2011
9. Reporting Period End Date	03/31/2010

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	
b. Cash Disbursements	
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	$ 53,679.00
e. Federal share of expenditures	$ 15,847.81
f. Federal share of unliquidated obligations	$ 32,463.19
g. Total Federal share (sum of lines e and f)	$ 48,311.00
h. Unobligated balance of Federal funds (line d minus g)	$ 5,368.00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	Terry Cuabo, Administrative Officer
c. Telephone (Area code, number and extension)	(671) 475-9682
d. Email address	tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	
e. Date Report Submitted (Month, Day, Year)	04/26/2010
14. Agency use only:	OJP Vendor Number: 980017947

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 if 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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

FEDERAL FINANCIAL REPORT
(Follow form instruction)

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
U.S. Department of Justice	2008-DJ-BX-0058	1	1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101H080920EI108	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2007	09/30/2011	03/31/2010

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	
b. Cash Disbursements	
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	$ 373,273.00
e. Federal share of expenditures	$ 218,667.78
f. Federal share of unliquidated obligations	$ 118,139.22
g. Total Federal share (sum of lines e and f)	$ 336,807.00
h. Unobligated balance of Federal funds (line d minus g)	$ 36,466.00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Terry Cuabo, Administrative Officer	(671) 475-9682
	d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-RT-BX-0056 — Page 1 of 1

3. Recipient Organization (Name and complete address Including Zip code)

Guam Bureau of Statistics and Plans
P. O. Box 2950Hagatna, GU 96932-0000

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	98-0018947	5101H070920SE107	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2006	09/30/2011	03/31/2010

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	
b. Cash Disbursements	
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	$ 38,567.00
e. Federal share of expenditures	$ 0.00
f. Federal share of unliquidated obligations	$ 38,567.00
g. Total Federal share (sum of lines e and f)	$ 38,567.00
h. Unobligated balance of Federal funds (line d minus g)	$ .00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 if 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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-GP-CX-0028 — Page 1 of 1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-0000

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	98-0017947	5101H070920SE102	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
09/01/2007	08/31/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 55,909.00
e. Federal share of expenditures	$ 47,814.93
f. Federal share of unliquidated obligations	$ 4,812.85
g. Total Federal share (sum of lines e and f)	$ 52,627.78
h. Unobligated balance of Federal funds (line d minus g)	$ 3,281.22
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-CD-BX-0061 — Page 1 of 1

3. Recipient Organization (Name and complete address Including Zip code)

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101E080933PA101	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2007	09/30/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 96,594.00
e. Federal share of expenditures	$ 9,708.00
f. Federal share of unliquidated obligations	$ 86,886.00
g. Total Federal share (sum of lines e and f)	$ 96,594.00
h. Unobligated balance of Federal funds (line d minus g)	$ .00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DJ-BX-0063
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101H070920EI108	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2006	09/30/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 1,132,013.00
e. Federal share of expenditures	$ 673,382.96
f. Federal share of unliquidated obligations	$ 443,700.06
g. Total Federal share (sum of lines e and f)	$ 1,117,083.02
h. Unobligated balance of Federal funds (line d minus g)	$ 14,929.98
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 27,126.74
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 27,126.74
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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

Paperwork Burden Statement

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9

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2006-RT-BX-0059
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
Post Office Box 2950Hagatna, GU 96932-2950

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
855031506	98-0017947	5101H060920SE107	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2005	09/30/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 39,891.00
e. Federal share of expenditures	$ 35,328.59
f. Federal share of unliquidated obligations	$ 4,562.41
g. Total Federal share (sum of lines e and f)	$ 39,891.00
h. Unobligated balance of Federal funds (line d minus g)	$ .00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2006-DJ-BX-0017
	Page 1 of 1

3. Recipient Organization (Name and complete address Including Zip code)

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101H060920EI108	[X] Quartely [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2005	09/30/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 730,000.00
e. Federal share of expenditures	$ 657,669.49
f. Federal share of unliquidated obligations	$ 20,941.81
g. Total Federal share (sum of lines e and f)	$ 678,611.30
h. Unobligated balance of Federal funds (line d minus g)	$ 51,388.70
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 14,534.86
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 14,534.86
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agancy (To report multiple grants, use FFR Attachment) 2005-RT-BX-0054 — Page 1 of 1

3. Recipient Organization (Name and complete address Including Zip code)

Guam Bureau of Statistics and Plans
Post Office Box 2950Hagatna, GU 96932-2950

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
855031506	98-0017947	5101H050920SE107	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2004	09/30/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 135,913.00
e. Federal share of expenditures	$ 105,119.17
f. Federal share of unliquidated obligations	$ 30,793.83
g. Total Federal share (sum of lines e and f)	$ 135,913.00
h. Unobligated balance of Federal funds (line d minus g)	$ .00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2005-DJ-BX-0071 — Page 1 of 1

3. Recipient Organization (Name and complete address Including Zip code)

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101H050920EI108	[X] Quarterly [ ] Semi-Annual [ ] Annual [ ] Final	[ ] Cash [X] Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2004	09/30/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 1,238,750.00
e. Federal share of expenditures	$ 1,222,792.00
f. Federal share of unliquidated obligations	$ 10,373.15
g. Total Federal share (sum of lines e and f)	$ 1,233,165.15
h. Unobligated balance of Federal funds (line d minus g)	$ 5,584.85
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 68,481.91
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 68,481.91
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 if 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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-DJ-BX-0035
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101H090920EI109	☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2008	09/30/2012	03/31/2010

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	
b. Cash Disbursements	
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	$ 1,209,694.00
e. Federal share of expenditures	$ 0.00
f. Federal share of unliquidated obligations	$ 0.00
g. Total Federal share (sum of lines e and f)	$ 0.00
h. Unobligated balance of Federal funds (line d minus g)	$ 1,209,694.00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/26/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-CD-BX-0002
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101E0100933PA101	☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2009	09/30/2011	03/31/2010

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	
b. Cash Disbursements	
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	$ 140,397.00
e. Federal share of expenditures	$ 0.00
f. Federal share of unliquidated obligations	$ 135,000.00
g. Total Federal share (sum of lines e and f)	$ 135,000.00
h. Unobligated balance of Federal funds (line d minus g)	$ 5,397.00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/26/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-RT-BX-0012
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P. O. Box 2950Hagatna, GU 96932-0000

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	98-0018947	5101H100920SE107	☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2008	09/30/2012	03/31/2010

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	
b. Cash Disbursements	
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	$ 40,675.00
e. Federal share of expenditures	$ 0.00
f. Federal share of unliquidated obligations	$ 36,607.00
g. Total Federal share (sum of lines e and f)	$ 36,607.00
h. Unobligated balance of Federal funds (line d minus g)	$ 4,068.00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/26/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-GP-BX-0030			Page 1	of 1
3. Recipient Organization (Name and complete address including Zip code) Guam Bureau of Statistics and Plans Post Office Box 2950Hagatna, GU 96932-2950					
4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H100920SE102	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☐ Cash ☒ Accrual	
8. Project/Grant Period From: (Month, Day, Year) 10/01/2009	To: (Month, Day, Year) 09/30/2012		9. Reporting Period End Date 03/31/2010		

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	
b. Cash Disbursements	
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	$ 52,808.00
e. Federal share of expenditures	$ 0.00
f. Federal share of unliquidated obligations	$ 47,527.20
g. Total Federal share (sum of lines e and f)	$ 47,527.20
h. Unobligated balance of Federal funds (line d minus g)	$ 5,280.80
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/26/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-SU-B9-0007
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101H090920AR108	☒ Quartely ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
03/01/2009	02/28/2013	03/31/2010

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	
b. Cash Disbursements	
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	$ 4,972,500.00
e. Federal share of expenditures	$ 649,828.33
f. Federal share of unliquidated obligations	$ 3,661,402.13
g. Total Federal share (sum of lines e and f)	$ 4,311,230.46
h. Unobligated balance of Federal funds (line d minus g)	$ 661,269.54
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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

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a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Offiicial	e. Date Report Submitted (Month, Day, Year) 04/26/2010
	14. Agency use only: OJP Vendor Number: 980017947

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

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2008-CD-BX-0008
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101E090933PA101	☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2008	09/30/2010	03/31/2010

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	
b. Cash Disbursements	
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	$ 99,337.00
e. Federal share of expenditures	$ 73,323.80
f. Federal share of unliquidated obligations	$ 19,508.20
g. Total Federal share (sum of lines e and f)	$ 92,832.00
h. Unobligated balance of Federal funds (line d minus g)	$ 6,505.00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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

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a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/27/2010
	14. Agency use only: OJP Vendor Number: 980017947

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

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2008-DJ-BX-0735
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P.O. Box 2950Hagatna, GU 96932-2950

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	98-0018947	5101H090920EI108	☒ Quartely ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2007	09/30/2011	03/31/2010

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	
b. Cash Disbursements	
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	$ 25,179.00
e. Federal share of expenditures	$ 3,637.37
f. Federal share of unliquidated obligations	$ 19,219.63
g. Total Federal share (sum of lines e and f)	$ 22,857.00
h. Unobligated balance of Federal funds (line d minus g)	$ 2,322.00
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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

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a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
	d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/26/2010
	14. Agency use only: OJP Vendor Number: 980017947

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

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FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2008-RT-BX-0012
	Page 1 of 1

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

Guam Bureau of Statistics and Plans
P. O. Box 2950Hagatna, GU 96932-0000

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	98-0018947	5101H090920SE107	☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date
10/01/2007	09/30/2011	03/31/2010

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	
b. Cash Disbursements	
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	$ 36,298.00
e. Federal share of expenditures	$ 1,145.01
f. Federal share of unliquidated obligations	$ 32,668.00
g. Total Federal share (sum of lines e and f)	$ 33,813.01
h. Unobligated balance of Federal funds (line d minus g)	$ 2,484.99
Recipient Share:	
i. Total recipient share required	$ 0.00
j. Recipient share of expenditures	$ 0.00
k. Remaining recipient share to be provided (line i minus j)	$ 0.00
Program Income:	
l. Total Federal program income earned	$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	$ 0.00
o. Unexpended program income (line l minus line m or line n)	$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/26/2010
	14. Agency use only: OJP Vendor Number: 980017947

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 if 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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Dept. of Interior/ Office of Insular Affairs	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) CRI-GU-06	Page 1	of pages

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

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	5101H060930EI115	☐ 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)
10/01/06	10/31/10	03/31/10

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	$ 359845.06
b. Cash Disbursements	$ 368144.50
c. Cash on Hand (line a minus b)	$ -8299.44
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	$ 449562.00
e. Federal share of expenditures	$ 368144.50
f. Federal share of unliquidated obligations	$ -0-
g. Total Federal share (sum of lines e and f)	$ 368144.50
h. Unobligated balance of Federal funds (line d minus g)	$ 81427.50
Recipient Share:	
i. Total recipient share required	-0-
j. Recipient share of expenditures	-0-
k. Remaining recipient share to be provided (line i minus j)	-0-
Program Income:	
l. Total Federal program income earned	-0-
m. Program income expended in accordance with the deduction alternative	-0-
n. Program income expended in accordance with the addition alternative	-0-
o. Unexpended program income (line l minus line m or line n)	-0-

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

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Alberto A. Lamorena V – Director, Bureau of Statistics and Plans	c. Telephone (Area code, number and extension) (671) 472-4201
	d. Email address tcuabo@yahoo.com
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) APR 29 2010
	14. Agency use only:

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 U.S. Dept. of Interior/ Office of Insular Affairs	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) CRI-GU-07	Page 1	of pages

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

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	5101H070930EI115	☐ 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)
10/01/06	10/31/10	03/31/10

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	$ 189208.18
b. Cash Disbursements	$ 189208.18
c. Cash on Hand (line a minus b)	-0-
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	$ 365000.00
e. Federal share of expenditures	$ 189208.18
f. Federal share of unliquidated obligations	$ 172797.79
g. Total Federal share (sum of lines e and f)	$ 362005.97
h. Unobligated balance of Federal funds (line d minus g)	$ 2994.03
Recipient Share:	
i. Total recipient share required	-0-
j. Recipient share of expenditures	-0-
k. Remaining recipient share to be provided (line i minus j)	-0-
Program Income:	
l. Total Federal program income earned	-0-
m. Program income expended in accordance with the deduction alternative	-0-
n. Program income expended in accordance with the addition alternative	-0-
o. Unexpended program income (line l minus line m or line n)	-0-

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
[redacted]				g. Totals:			

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Alberto A. Lamorena V. - Director, Bureau of Statistics and Plans	(671) 472-4201
	d. Email address tcuabo@yahoo.com
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) APR 30 2010
	14. Agency use only:

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 U.S. Dept. of Interior/ Office of Insular Affairs	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) CRI-GU-08
	Page 1 of pages

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

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	5101H080930EI115	☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual

8. Project/Grant Period		9. Reporting Period End Date
From: (Month, Day, Year) 09/01/07	To: (Month, Day, Year) 09/30/10	(Month, Day, Year) 03/31/10

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	$ 63550.05
b. Cash Disbursements	$ 63550.05
c. Cash on Hand (line a minus b)	-0-
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	$ 279555.00
e. Federal share of expenditures	$ 63550.05
f. Federal share of unliquidated obligations	$ 88447.34
g. Total Federal share (sum of lines e and f)	$ 152027.39
h. Unobligated balance of Federal funds (line d minus g)	$ 127527.61
Recipient Share:	
i. Total recipient share required	-0-
j. Recipient share of expenditures	-0-
k. Remaining recipient share to be provided (line i minus j)	-0-
Program Income:	
l. Total Federal program income earned	-0-
m. Program income expended in accordance with the deduction alternative	-0-
n. Program income expended in accordance with the addition alternative	-0-
o. Unexpended program income (line l minus line m or line n)	-0-

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

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 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Alberto A. Lamorena V Director Bureau of Statistics and Plans	c. Telephone (Area code, number and extension) (671) 472-4201 d. Email address tcuabo@yahoo.com
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) APR 29 2010
	14. Agency use only:

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.

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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*26.04%)	Retire (DD1) ($16.66*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	$ 19,584	$ -	$-	$ 1,091	$ 174	$ 3,164	$ 385	$ 24,398	$ 99,606
2	ADM002	Chief Planner	Machelle A.C. Leon Guerrero	P-18	$ 72,785	$ -	$ -	4/28/2011	$ -	$ 72,785	$ 18,953	$ -	$ -	$ -	$ 174	$ 3,164	$ 385	$ 22,676	$ 95,461
3	ADM004	WP Secretary II	Therese C. Aguon	H-15	$ 35,585	$ -	$ -	2/27/2011	$ -	$ 35,585	$ 9,266	$ -	$ -	$ -	$ 174	$ 3,164	$ 385	$ 12,989	$ 48,574
4	ADM006	Admin. Officer	Terry L. Cuabo	L-10	$ 39,780	$ -	$ -	12/8/2010	$ -	$ 39,780	$ 10,359	$ 433	$ -	$ 577	$ 174	$ 3,164	$ 385	$ 15,092	$ 54,872
5	ADM008	Administrative Assistant	Marylou S. Gogo	J-15	$ 40,873	$ -	$ -	2/15/2012	$ -	$ 40,873	$ 10,643	$ -	$ -	$ 593	$ 174	$ 3,164	$ 385	$ 14,959	$ 55,832
6	ADM003	Private Secretary	VACANT	I-08		$ -	$ -		$ -	$ -	$ -		$ -	$ -	-	$ -	-	-	$ -
			Grand Total:	----	$ 264,231	$ -	$ -	----	$ -	$ 264,231	$ 68,806	$ 433	$ -	$ 2,260	$ 870	$ 15,820	$ 1,925	$ 90,114	$ 354,345

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010
Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 * 26.04%)	Retire (DDI) ($16.66*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	$ 9,600	$ -	$ -	$ -	$ 174	$ 3,164	$ 413	$ 13,351	$ 50,216
2	BES-002	Data Control Clerk II	VACANT EFFECTIVE 3/29/10	F-1	$ -	$ -	$ -			$ -	$ -		$ -	$ -					-
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	$ 443	$ 30,798	$ 8,020	$ -	$ -	$ 447	$ 174	$ 3,164	$ 385	$ 12,189	$ 42,987
5	BES-005	Statistician I	Antonette Pitter**	I-12	$ 34,368	$ -	$ -	6/17/2010	$ 401	$ 34,769	$ 9,054	$ 433	$ -	$ 504	$ 174	$ 3,606	$ 385	$ 14,156	$ 48,925
6	BES-006	Statistician II	Selina C. Tenorio	J-10	$ 34,414	$ -	$ -	2/4/2012	$ -	$ 34,414	$ 8,961	$ -	$ -	$ -	$ 174	$ 1,838	$ 231	$ 11,204	$ 45,618
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-11	$ 31,011	$ -	$ -		$ -	$ 31,011	$ 8,075	$ -	$ -	$ 450	$ 174	$ 2,233	$ 270	$ 11,202	$ 42,213
10	BES-012	Statistical Technician I	Marietta Balbastro**	E-11	$ 25,858	$ -	$ -	11/12/2011	$ -	$ 25,858	$ 6,516	$ -	$ -	$ 375	$ 174	$ 2,233	$ 270	$ 9,568	$ 35,426
11	BES-013	Chief Economist	Albert M. Perez	Q-7	$ 54,475	$ -	$ -	9/5/2010	168	$ 54,643	$ 13,770	$ -	$ -	$ 792	$ 174	$ 2,233	$ 385	$ 17,354	$ 71,997
			Grand Total:	----	$247,346	$0	$0	----	$1,012	$248,358	$63,996	$433	$0	$2,568	$1,218	$18,471	$2,339	$89,025	$337,383

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 *26.04%)	Retire (DDI) ($16.66*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	$ 14,915	$ -	$ -	$ 831	$ 174	$ 1,380	$ 180	$ 17,480	$ 74,758
2	PIP005	Planner III	Monica J. Guerrero	M-15	$ 51,092	$ -	$ -	1/9/2011	$ -	$ 51,092	$ 13,304	$ 433	$ -	$ 741	$ 174	$ 1,380	$ 180	$ 16,212	$ 67,304
3	PIP007	Planner III	Janet A. Quitugua	N-15	$ 55,341	$ -	$ -	12/21/2010	$ -	$ 55,341	$ 14,411	$ -	$ -	$ 802	$ 174	$ 1,838	$ 231	$ 17,456	$ 72,797
4	PIP009	Data Control Clerk II	Peter P. Leon Guerrero	F-7	$ 23,808	$ -	$ -	2/11/2011	$ -	$ 23,808	$ 6,200		$ -	$ 345	$ 174	$ 3,164	$ 385	$ 10,268	$ 34,076
			Grand Total:	----	$ 187,519	$ -	$ -	----	$ -	$ 187,519	$ 48,830	$ 433	$ -	$ 2,719	$ 696	$ 7,762	$ 976	$ 61,416	$ 248,935

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 * 26.04%)	Retire (DDI) ($16.66*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	$12,854	0	0	$716	174	3,606	414	17,764	67,128
2	SOC006	Planner III	Ernest E. Caseres	N-16	$57,278	$0	$0	5/27/2011	$0	57,278	$14,915	$0	$0	$0	$174	$0	$0	$15,089	$72,367
			Grand Total:	----	$106,642	$0	$0	----	$0	$106,642	$27,770	$0	$0	$716	$348	$3,606	$414	$32,853	$139,495

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 *26.04%)	Retire (DDI) ($16.66*26PPE)	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	$ 1,649	$ 433	$ -	$ 242	$ 174	$ 3,164	$ 385	$ 6,047	$ 22,703
2	IFA002	Data Control Clerk II	Emily M.C. Taitano	F-7	$ 23,808	$ -	$ -	3/29/2010	$ 514	$ 24,322	$ 6,333	$ 433		$ 353	$ 174	$ 3,164	$ 385	$ 10,842	$ 35,164
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			Grand Total:	----	$ 40,464	$ -	$ -	----	$ 514	$ 40,978	$ 7,983	$ 866	$ -	$ 594	$ 348	$ 6,328	$ 770	$ 16,889	$ 57,867

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 *26.04%)	Retire (DDI) ($16.66*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	$ 1,252	$ 48,947	$ 12,335	$ -	$ -	$ 710	$ 174	$ 3,164	$ 385	$ 16,767	$ 65,714
2	BYRNE003	Administrative Assistant	Julie Rose U. Nededog	J-10	$ 34,414	$ -	$ -	8/10/2010	$ 201	$ 34,615	$ 8,723	$ -	$ -	$ 502	$ 174	$ 3,164	$ 385	$ 12,948	$ 47,563
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			Grand Total:	----	$ 82,109	$ -	$ -	----	$ 1,453	$ 83,562	$ 21,058	$ -	$ -	$ 1,212	$ 348	$ 6,328	$ 770	$ 29,715	$ 113,277

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 * 26.04%)	Retire (DDI) ($16.66*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	$ 991	$ 68,937	$ 17,951	$ -	$ -	$ 1,000	$ 174	$ 3,164	$ 385	$ 22,674	$ 91,611
2	GCMP002	Planner III	Amelia DeLeon	M-15	$ 51,092	$ -	$ -	8/1/2011	$ -	$ 51,092	$ 13,304	$ -	$ -	$ 741	$ 174	$ 3,606	$ 385	$ 18,210	$ 69,302
3	GCMP003	Planner II	Raymond V.C. Caseres	M-15	$ 51,092	$ -	$ -	1/9/2011	$ -	$ 51,092	$ 13,304	$ -	$ -	$ 741	$ 174	$ 3,164	$ 385	$ 17,768	$ 68,860
4	GCMP004	Program Coordinator III	Thomas I. Quinata	M-14	$ 49,364	$ -	$ -	11/20/2010	$ -	$ 49,364	$ 12,854	$ -	$ -	$ 710	$ 174	$ 1,380	$ 180	$ 15,298	$ 64,662
5	GCMP005	Planner III	Esther G. Taitague	M-12	$ 46,082	$ -	$ -	9/4/2010	$ 134	$ 46,216	$ 12,035	$ -	$ -	$ 670	$ 174	$ 1,838	$ 231	$ 14,948	$ 61,164
6	GCMP007	Planner III	Teresita M. Perez	M-14	$ 49,364	$ -	$ -	9/29/2011	$	$ 49,364	$ 12,854	$ -	$ -	$ 716	$ 174	$ 3,164	$ 385	$ 17,293	$ 66,657
8	GCMP010	Administrative Assistant	Nydia H. Llarenas	J-10	$ 34,414	$ -	$ -	2/27/2010	$ 803	$ 35,217	$ 9,171	$ -	$ -	$ 511	$ 174	$ 2,233	$ 231	$ 12,319	$ 47,536
9	GCMP011	Planner II	VACANT	L-1	$ 26,520	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -				$ -	$ -
	GCMP012	Special Projects Coordinator	Elaina M. Todd	M-6	37,282	$ -	$ -	-		$ 37,282	$ -	$ 433	$ -	$ 541	$ 174	$ 1,380	180	$ 2,708	$ 39,990
			Grand Total:	----	$413,156	$0	$0	----	$1,928	$388,564	$91,474	$433	$0	$5,628	$1,392	$19,929	$2,362	$121,218	$509,782

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 *26.04%)	Retire (DDI) ($16.66*26PPE)	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-12	$ 54,329	$	$ -	6/27/2010	$ 634	$ 54,963	$ 14,312	$ -	$ -	$ 797	$ 174	$ 1,247	$ 270	$ 16,800	$ 71,763
2	LUP002	Planner II	Timothy Semuda	L-8	$ 37,128	$ -	$ -	7/23/2010	$ 332	$ 37,460	$ 9,755	$ 433	$ -	$ 543	$ 174	$ 3,164	$ 385	$ 14,454	$ 51,914
3	LUP003	GIS Mapping Technician	VACANT	I-1	$ 21,389	$ -	$ -		$ -	$ 21,389	$ 5,570	$ 433	$ -	$ 310	$ 174	$ 3,197	$ 385	$ 10,069	$ 31,458
			Grand Total:	----	$ 112,846	$ -	$ -	----	$ 966	$ 113,812	$ 29,637	$ 866	$ -	$ 1,650	$ 522	$ 7,608	$ 1,040	$ 41,323	$ 155,135

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

[BBMR SP-1]

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

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 *26.04%)	Retire (DDI) ($16.66*26PPE)	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		$ 433	$ -	$ 561	$ 174	$ 1,380	$ 180	$ 2,728	$ 41,444
2	CRI-001	Program Coordinator 1	Vacant	K-1	$ 24,656														$ -
			Grand Total:	----	$ 63,372	$ -	$ -	----	$ -	$ 38,716	$ -	$ 433	$ -	$ 561	$ 174	$ 1,380	$ 180	$ 2,728	$ 41,444

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

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

FUND: SUMMARY

Ratio: 100% Federally Funded

Government of Guam
Fiscal Year 2010 Budget
Agency Current Staffing Pattern
As of: March 31, 2010

[BBMR SP-1]

	Input by Department															Input by Department			
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
								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 *26.04%)	Retire (DDI) ($16.66*26PPE)	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	$14,393	$433	$0	$801	$174	$2,233	$270	$18,305	$73,579
2	GDDC002	Program Coordinator IV	Marie C. Tedtaotao-Libria	N-8	43,490	0	0	10/29/2010	0	43,490	$11,325	0	0	$631	$174	$3,606	$413	16,148	59,638
3	GDDC004	Program Coordinator I	Kristina C. Perez	K-3	27,738	0	0	1/21/2011	0	27,738	$7,223	$433	0	402	174	3,606	413	12,251	39,989
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			Grand Total:	----	$126,502	$0	$0	----	$0	$126,502	$32,941	$866	$0	$1,834	$522	$9,445	$1,096	$46,704	$173,206

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