

BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam



Felix P. Camacho
Governor of Guam

COPY

P.O. Box 2950 Hagåtña, Guam 96932

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Alberto "Tony" Lamorena V
Director

Michael W. Cruz, M.D.
Lieutenant Governor

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

JUL 26 2010

Bureau of Budget and
Management Research

17/27/10 [Signature]

RE: Submission of FY 2010 3rd 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 3rd Quarter Funding/Expenditure Report*.

Attached, please find the following reports:

1. FY 2010 Budget and Expenditure Report as of June 30, 2010 (General Fund)
2. Staffing Patterns as of June 30, 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

RECEIVED
OFFICE OF PUBLIC ACCOUNTABILITY
DATE: 7/27/10
TIME: 12:44
BY: MAW

Office of the Speaker
Judith T. Won Pat, Ed. D.
Date: 7/27/10
Time: 12:35P
Received by: [Signature]

**FY 2010
PROJECTION ANALYSIS
As of June 30, 2010**

Department: **BUREAU OF STATISTICS AND PLANS**
 Division: **SUMMARY**
 Account No.: **5100A100900GA001**
 Budget Act(s) (P.L. #): **P.L. 30-65**
 YTD Exp & Enc. Date: **6/30/2010**
 LABOR COST (PPE #1): **6/6/2010**
 LABOR COST (PPE #2): **6/19/2010**
 Remaining PP: **74**

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-65	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/6/2010	LABOR COST PPE: 6/19/2010	Avg. PP Requirement $[(F + G) / 2]$	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) $[D - (E + G + L)]$
111 Salary	614,239	0	614,239	556,696	31,672	294,378	31,672	31,672	31,672	234,378	0	23,187
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	232,293	0	232,293	151,234	8,691	64,314	8,691	8,690	8,691	64,310	0	16,745
TOTAL PerSive	1,046,552	0	1,046,552	707,930	40,364	298,690	40,363	40,362	40,363	298,683	0	39,632
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	2,500	0	2,425	0	0	0	0	0	0	0	2,425	0
233 Rent	20,040	0	20,040	20,040	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Sub.Hec.	0	0	0	0	0	0	0	0	0	0	0	0
290 Mec.	0	0	0	0	0	0	0	0	0	0	0	0
361 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
363 Tele.	6,460	0	6,385	4,825	0	0	0	0	0	0	1,560	0
450 Cap. Out.	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Opers	29,000	0	28,850	24,885	0	0	0	0	0	0	3,985	0
TOTALS	1,075,552	150	1,075,402	732,785	40,364	298,690	40,363	40,362	40,363	298,683	3,985	39,632

Footnotes / Notes:

FY 2010
PROJECTION ANALYSIS
As of June 30, 2010

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 8100A100900GA001

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 90-86	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/30/2010	LABOR COST PPE: 6/19/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	259,054	0	259,054	190,569	10,163	75,208	10,163	10,163	10,163	75,208	0	(6,721)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	68,879	0	68,879	51,495	2,750	20,351	2,750	2,750	2,750	20,351	0	(2,967)
TOTAL PersSvs	327,933	0	327,933	242,063	12,913	95,557	12,913	12,913	12,913	95,558	0	(9,587)
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	2,500	75	2,425	0	0	0	0	0	0	0	2,425	0
233 Rent	20,040	0	20,040	20,040	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Sub.Rec.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
381 Power	0	0	0	0	0	0	0	0	0	0	0	0
382 Water	0	0	0	0	0	0	0	0	0	0	0	0
383 Tele.	6,460	75	6,385	4,825	0	0	0	0	0	0	1,560	(0)
450 Cap. Out.	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Opers	29,000	150	28,850	24,885	0	0	0	0	0	0	3,985	(0)
TOTALS	356,933	150	356,783	286,929	12,913	95,557	12,913	12,913	12,913	95,558	3,985	(9,589)

Footnotes / Notes:

**FY 2010
PROJECTION ANALYSIS
As of June 30, 2010**

Department: BUREAU OF STATISTICS AND PLANS
 Division: PLANNING INFORMATION PROGRAM
 Account No.: 5100A1009105E004

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget (Acct) Appropriations P.L. 30-85	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/30/2010	LABOR COST PPE: 6/18/2010	Avg. PP Requirement [(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	109,090	7,213	53,376	7,213	7,213	7,213	53,376	0	25,053
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	60,015	0	60,015	29,496	2,015	14,915	2,015	2,015	2,015	14,913	0	15,504
TOTAL PersVse	247,534	0	247,534	138,586	9,228	68,291	9,228	9,228	9,228	68,288	0	40,858
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	0	0	0	0	0	0	0	0	0	0	0	0
233 Rent	0	0	0	0	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Subd. Rec.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
361 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
363 Tele.	0	0	0	0	0	0	0	0	0	0	0	0
450 Cap. Out.	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Opers	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	247,534	0	247,534	138,586	9,228	68,291	9,228	9,228	9,228	68,288	0	40,858

Footnotes / Notes:

**FY 2010
PROJECTION ANALYSIS
As of June 30, 2010**

Department: BUREAU OF STATISTICS AND PLANS
Division: SOCIO ECONOMIC PLANNING
Account No.: 5100A10092035E005

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 90-55	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Enumb. As Of: 6/30/2010	CURRENT Starting Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/5/2010	LABOR COST PPE: 6/18/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x d)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	106,642	0	106,642	77,355	4,102	30,355	4,102	4,102	4,102	30,355	0	(1,067)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	28,486	0	28,486	20,634	1,096	8,107	1,095	1,095	1,095	8,105	0	(255)
TOTAL PerSvs	135,128	0	135,128	97,989	5,198	38,462	5,197	5,197	5,197	38,457	0	(1,322)
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	0	0	0	0	0	0	0	0	0	0	0	0
233 Rent	0	0	0	0	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Sub. Fac.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
361 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
363 Tele.	0	0	0	0	0	0	0	0	0	0	0	0
450 Cap. Out.	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Oper	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	135,128	0	135,128	97,989	5,198	38,462	5,197	5,197	5,197	38,457	0	(1,322)

Footnotes / Notes:

**FY 2010
PROJECTION ANALYSIS
As of June 30, 2010**

Department: BUREAU OF STATISTICS AND PLANS
Division: BUSINESS AND ECONOMIC STATISTICS
Account No.: 8100A10932E001

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-45	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Enumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Requirement (Remain. PP x F)	LABOR COST PPE: 6/3/2010	LABOR COST PPE: 6/19/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	281,044	0	281,044	179,683	10,194	75,439	10,194	10,194	10,194	75,439	0	5,922
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	74,913	0	74,913	49,609	2,830	20,941	2,830	2,830	2,830	20,941	0	4,362
TOTAL PersSvs	335,957	0	335,957	229,293	13,024	96,380	13,024	13,024	13,024	96,380	0	10,284
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.Fec.	0	0	0	0							0	0
290 Misc.	0	0	0	0							0	0
351 Power	0	0	0	0							0	0
352 Water	0	0	0	0							0	0
353 Tele.	0	0	0	0							0	0
450 Cap. Out.	0	0	0	0							0	0
TOTAL Opns	0	0	0	0							0	0
TOTALS	335,957	0	335,957	229,293	13,024	96,380	13,024	13,024	13,024	96,380	0	10,284

Footnotes / Notes:

Account Number Account Name
 YTD Allotment YTD Expenditures O/S Encumbrance Available Funds Unallotted Balance

5100A100900GA001111 ADMINISTRATION 190,568.64 2,848.64- 71,334.00
 259,054.00 187,720.00
 5100A100900GA001113 ADMINISTRATION 51,494.82 1,144.82- 18,529.00
 68,879.00 50,350.00
 5100A100900GA001114 ADMINISTRATION 2,425.00 2,425.00 75.00
 2,500.00 2,425.00

5100A100900GA001233 ADMINISTRATION 15,030.00 5,010.00 2,425.00
 20,040.00 20,040.00
 5100A100900GA001363 ADMINISTRATION 4,629.23 196.15 1,559.62
 6,460.00 6,385.00

GA001 PROGRAM TOTALS Count: 266,920.00 261,722.69 5,206.15 8.84- 90,013.00
 356,933.00 266,920.00
 00 DIVISION TOTALS Count: 266,920.00 261,722.69 5,206.15 8.84- 90,013.00
 356,933.00 266,920.00

5100A100910SE004111 PLANNING INFORMATION 109,089.52 27,957.48 50,472.00
 187,519.00 137,047.00
 5100A100910SE004113 PLANNING INFORMATION 29,496.01 8,503.99 22,015.00
 60,015.00 38,000.00
 5100A100910SE004114 PLANNING INFORMATION 138,585.53 36,461.47 72,487.00
 247,534.00 175,047.00

SE004 PROGRAM TOTALS Count: 175,047.00 138,585.53 36,461.47 72,487.00
 247,534.00 175,047.00
 10 DIVISION TOTALS Count: 175,047.00 138,585.53 36,461.47 72,487.00
 247,534.00 175,047.00

5100A100920SE005111 SOCIAL ECONOMIC PLANNING 77,938.00 77,354.64 583.36 28,704.00
 106,642.00 77,938.00
 5100A100920SE005113 SOCIAL ECONOMIC PLANNING 20,633.74 190.26 7,662.00
 28,486.00 20,824.00
 5100A100920SE005114 SOCIAL ECONOMIC PLANNING 97,988.38 773.62 36,366.00
 135,128.00 98,762.00

SE005 PROGRAM TOTALS Count: 98,762.00 97,988.38 773.62 36,366.00
 135,128.00 98,762.00
 20 DIVISION TOTALS Count: 98,762.00 97,988.38 773.62 36,366.00
 135,128.00 98,762.00

5100A100932E1001111 BUSINESS & ECONOMIC STATISTICS 179,683.36 25,991.64 55,369.00
 261,044.00 205,675.00

User ID : BOBBLASC
 To date : 6/2010
 Account : 5100A1009
 Dept/Division :
 Exclude Object Codes:

Account Number Account Name
 Tot Appropriation YTD Allotment YTD Expenditures
 5100A100932E100113 BUSINESS & ECONOMIC STATISTICS 49,609.25
 74,913.00
 5100A100932E100114 BUSINESS & ECONOMIC STATISTICS

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unalloted Balance
R1001	PROGRAM TOTALS	Count: 3	229,292.61		31,140.39	75,524.00
	335,957.00	Count: 260,433.00				
32	DIVISION TOTALS	Count: 3	229,292.61		31,140.39	75,524.00
	335,957.00	Count: 260,433.00				
09	DEPARTMENT TOTALS:	Count: 15	727,589.21	5,206.15	68,366.64	274,390.00
	1,075,552.00	Count: 801,162.00				
A10	APYTP+EY TOTALS:	Count: 15	727,589.21	5,206.15	68,366.64	274,390.00
	1,075,552.00	Count: 801,162.00				
100	FUND TOTALS:	Count: 15	727,589.21	5,206.15	68,366.64	274,390.00
	1,075,552.00	Count: 801,162.00				
	FINAL TOTALS	Count: 15	727,589.21	5,206.15	68,366.64	274,390.00
	1,075,552.00	Count: 801,162.00				

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)		(Q)	(R)	(S)
							Date	Increment								Medical Premium	Dental Premium			
1	AD0001	Director	Alberto A. Larrosa V	LLCT-5	75,208			4/28/2011		75,208	19,584	18,593		1,091	174	3,164	382	382	24,998	99,606
2	AD0002	Chief Planner	Maribelle A.C. Leon Guerrero	P-18	71,785			2/27/2011		71,785	9,266	9,266			174	3,164	382	382	12,297	95,461
3	AD0004	VP Secretary II	Theresa C. Aguan	H-15	35,585			12/8/2010		35,585	10,599	10,599			174	3,164	382	382	15,992	48,574
4	AD0006	Admin. Officer	Terry L. Cabao	L-18	39,780			12/8/2010		39,780	433	433			174	3,164	382	382	14,999	54,872
5	AD0008	Administrative Assistant	Marylou S. Crego	J-15	40,873			2/15/2012		40,873	18,643				174	3,164	382	382	14,999	55,832
6	AD0003	Private Secretary	VACANT	P-08																
			Grand Total:		344,231					344,231	68,806	433		2,280	870	15,820	1,325		90,114	354,245

Input by Department

Input by Department

Input by Department

Input by Department

Government of Guam
 Fiscal Year 2010
 Budget
 Agency Current Staffing Pattern
 As of: June 30, 2010

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM
 FUND: SUMMARY
 Rate: 100% GENERAL FUND

No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment		Subtotal	Retirement (P+G-H+I) (K * 26.6%) (\$166766P+E)	Retire (DD) (6.2% * K)	Social Security (1.45% * K)	Benefits (1.45% * K)	Lile 1/4 * E	Medical (Premium * E)	Dental (Premium * K)	Total Benefits (1.86% R)	(K+S)	
								Date	(E*Amount)											
1	BES-001	Statistical II	Berna S. Vozan**	3-12	\$6,885	\$	-	12/17/2010	\$	\$6,885	\$4,600	\$	\$	\$26	174	\$	\$	\$413	\$13,581	\$16,981
2	BES-002	Data Control Clerk II	VACANT	E-1	\$7,635	\$	-			\$7,635	\$	\$	\$	\$	174	\$	\$	\$	\$	\$15,370
3	BES-003	Statistical Technician II	Bertha M. Tove**	F-15	\$14,118	\$	-	4/21/2012	\$	\$14,118	\$2,971	\$	\$	\$462	174	\$	\$	\$385	\$17,482	\$21,453
4	BES-004	Statistical Technician I	Antonette Pfitzer**	F-13	\$13,571	\$	-	6/17/2012	\$	\$13,571	\$2,957	\$	\$	\$227	174	\$	\$	\$385	\$16,887	\$20,839
5	BES-005	Statistical Technician I	Selma C. Tenorio	E-1	\$4,414	\$	-	2/4/2012	\$	\$4,414	\$981	\$	\$	\$	174	\$	\$	\$231	\$5,618	\$10,032
6	BES-006	Statistical Technician I	Micrahe A. Sibau	E-1	\$4,414	\$	-	4/26/2011	\$	\$4,414	\$937	\$	\$	\$242	174	\$	\$	\$231	\$5,861	\$10,292
7	BES-007	Statistical Technician I	VACANT	E-1	\$	\$	-			\$	\$	\$	\$					\$	\$	\$
8	BES-010	Statistical Technician I	Carla T. Ponce**	H-11	\$10,011	\$	-	11/27/2011	\$	\$10,011	\$6,075	\$	\$	\$460	174	\$	\$	\$270	\$16,760	\$22,730
9	BES-011	Statistical Technician I	Martina Babasag**	E-11	\$5,888	\$	-	11/27/2011	\$	\$5,888	\$5,516	\$	\$	\$378	174	\$	\$	\$270	\$11,866	\$17,744
10	BES-012	Statistical Technician I	Albert M. Perez	Q-7	\$4,475	\$	-	9/6/2010	\$	\$4,475	\$1,770	\$	\$	\$72	174	\$	\$	\$385	\$6,624	\$11,997
11	BES-013	Chief Economist																		
Grand Total:					\$283,903	\$0	\$0		\$1,012	\$284,915	\$75,516	\$433	\$0	\$3,098	\$1,218	\$18,471	\$2,339	\$94,227	\$361,507	

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

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

Government of Guam
 Fiscal Year 2010 Budget
 Agency Current Staffing Pattern
 As of: June 30, 2010

FUND: SUMMARY
 Rate: 100% GENERAL FUND

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	Input by Department										(S)
									(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(T)	
Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Date	Incremental (E*Amount)	(F*G+H+I)	(J+K+L+M+O+P+Q+R)	Retirement (K * 26.66%)	Retire (DD)	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)
1	PM004	Christa A. Suvvartari	M-16	\$ 57,278	\$ -	-	7/1/2011	\$ -	\$ 57,278	\$ 14,915	\$ -	\$ -	\$ -	\$ 831	\$ 174	\$ 1,380	\$ 180	\$ 17,480	\$ 24,758
2	PM005	Melanie J. Guerrero	M-15	\$ 51,092	\$ -	-	1/9/2011	\$ -	\$ 51,092	\$ 13,384	\$ 433	\$ -	\$ -	\$ 741	\$ 174	\$ 1,380	\$ 180	\$ 16,212	\$ 21,797
3	PM007	Isabel A. Quijano	M-15	\$ 55,341	\$ -	-	1/27/2010	\$ -	\$ 55,341	\$ 14,413	\$ -	\$ -	\$ -	\$ 802	\$ 174	\$ 1,038	\$ 231	\$ 17,458	\$ 22,977
4	FT199	Pete F. Leon Guerrero	E-7	\$ 23,808	\$ -	-	2/1/2011	\$ -	\$ 23,808	\$ 6,200	\$ -	\$ -	\$ -	\$ 345	\$ 174	\$ 2,164	\$ 385	\$ 10,288	\$ 24,076
Grand Total:									\$ 187,519	\$ 48,830	\$ 433	\$ -	\$ 2,719	\$ 694	\$ 7,762	\$ 976	\$ 61,416	\$ 248,935	

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

Government of Guam
 Fiscal Year 2010 Budget
 Agency Current Staffing Pattern
 As of: June 30, 2010

[BBMR SP-1]

FUND: SUMMARY
 Rate: 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)							
Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special	Date	Increment (P/Amount)	(P-C-BH+J) Subtotal	Retirement (K * 76.44%)	Retire (DD)	Social Security (6.5% * K)	Medicare (1.45% * K)	Life 174 * B	Medical (Premium * D)	Dental (Premium * E)	Total Benefits (L thru R)	(K+S) TOTAL							
1	GIS Manager	Victor Torres	Q-12	\$4,329	\$	\$	6/27/2010	\$64	\$4,393	\$14,312	\$	\$	\$797	\$174	\$1,247	\$270	\$16,800	\$71,743							
2	Planner II	Timothy Semuda	L-8	\$7,128	\$	\$	7/23/2010	\$32	\$7,460	\$9,755	\$433	\$	\$543	\$174	\$3,164	\$385	\$14,454	\$51,914							
3	GIS Mapping Technician	VACANT	L-1	\$2,189	\$	\$		\$	\$2,189	\$5,970	\$433	\$	\$310	\$174	\$3,197	\$385	\$10,669	\$14,458							
Grand Total:				\$	\$	\$		\$966	\$113,812	\$29,637	\$866	\$	\$1,650	\$522	\$7,408	\$1,040	\$41,923	\$155,135							

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS

Government of Guam
 Fiscal Year 2010 Budget
 Agency Current Staffing Pattern
 As of: June 30, 2010

PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)
 FUND: SUMMARY
 Ratio: 100% Federally Funded

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)		(J)	(K)	(L)	(M)	(N)			(O)	(P)	(Q)	(R)	(S)
								Grade/Step	Salary					Overtime	Special*	Date					
1	BYRNE001	Finance III	Lola E. Leon Guerrero	M-14	\$ 49,364	\$ -	\$ -	1/29/2012	\$ 201	\$ 49,364	\$ 12,480	\$ -	\$ -	\$ 716	\$ 174	\$ 3,164	\$ 385	\$ 16,879	\$ 65,443		
2	BYRNE003	Administrative Assistant	Julie Rose U. Medelso	J-10	\$ 34,414	\$ -	\$ -	8/10/2010	\$ 201	\$ 34,415	\$ 8,723	\$ -	\$ -	\$ 502	\$ 174	\$ 3,164	\$ 385	\$ 12,948	\$ 47,265		
3																					
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			Grand Total:		\$ 83,778	\$ -	\$ -		\$ 201	\$ 83,979	\$ 21,653	\$ -	\$ -	\$ 1,218	\$ 348	\$ 6,328	\$ 778	\$ 29,826	\$ 113,265		

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

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

Government of Guam
 Fiscal Year 2010 Budget
 Agency Current Staffing Pattern
 As of: June 30, 2010

[BBMR SP-1]

FUND: SUMMARY
 Ratio: 100% Federally Funded

(A)	(B)	(C)	(D)		(E)		(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)			(O)		(P)		(Q)	(R)	(S)				
			Grade	Step	Salary	Overtime			Special*	Date						Increment	(F+G+H+I)	Retirement (K * 2.00%)	Retire (DD)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life (1% * E)				Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S)
1	IBAD01	Keypunch Operator I	E-1	\$	16,656	\$	-	-	-	9/29/2011	-	\$	16,656	\$	1,674	\$	433	\$	242	\$	174	\$	3,164	\$	385	\$	6,972	\$	22,728
2	IBAD02	Data Control Clerk II	F-4	\$	24,689	\$	-	-	-	-	-	\$	24,689	\$	6,429	\$	433	\$	388	\$	174	\$	3,164	\$	385	\$	10,943	\$	35,632
3																													
4																													
5																													
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		Grand Total:			\$	41,345	\$	-	\$	-		\$	41,345	\$	8,103	\$	866	\$	640	\$	348	\$	6,328	\$	770	\$	17,015	\$	58,662

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

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

FUND: SUMMARY

Rate: 100% Federally Funded

(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(I)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)		(S)	
Position Number	Position Title	Name of incumbent	Grade/Step	Salary	Overtime	Special*	Date	Increment (E*Amount)	(P+G+H+I) Subtotal	Retirement (K *2.50%)	Rate (DDJ) (\$166926PP)	Social Security (6.7% * K)	Medicare (1.45% * K)	Benefits 17% * E	Medical (Premium * B)	Dental (Premium * D)	Total Benefits (L thru R)	(K + S) TOTAL																			
1	Director, DDC	Manuel Cruz	P-10	\$83,274	50	\$0		50	\$83,274	\$1,439	\$433	\$0	\$601	\$174	\$2,233	\$710	\$18,305	\$73,579																			
2	Program Coordinator IV	Maria C. Tejada-Alba	N-4	43,995	0	0	10/29/2010	0	43,995	\$1,274	0	0	\$631	\$174	\$3,604	\$413	\$16,148	\$9,638																			
3	Program Coordinator I	Yveset Esteve 6/29/2010	N-1	24,655	0	0		0	24,655									24,655																			
4																																					
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				Grand Total:					\$113,420	50	\$0		\$0				\$113,420	\$21,718	\$433	\$0	\$1,432	\$348	\$5,839	\$683	\$34,453	\$157,873											

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: CORAL REEF INITIATIVE

Government of Guam
 Fiscal Year 2010 Budget
 Agency Current Staffing Pattern
 As of: June 30, 2010

[BBMR SP-1]

FUND: SUMMARY
 Ratio: 100% Federally Funded under CRJ 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)
Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Specialty	Date	Increment (E*Amount)	(F*HR+J) Subtotal	Retirement (K*26.04%)	Retire (DDI)	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	GCN/P012 Special Project Coordinator	David M. Burdick	M-9	\$ 41,584	\$ -	\$ -		\$ -	\$ 41,584	\$ -	\$ 433	\$ -	\$ 603	\$ 174	\$ 1,308	\$ 180	\$ 2,770	\$ 44,354
2	CRJ401 Program Coordinator 1	Vacant	K-1	\$ 24,656	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total:				\$ 66,240	\$ -	\$ -		\$ -	\$ 41,584	\$ -	\$ 433	\$ -	\$ 603	\$ 174	\$ 1,308	\$ 180	\$ 2,770	\$ 44,354

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

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 2950 Hagatna, 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) 5101H090920E1109	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 10/01/2008		To: (Month, Day, Year) 09/30/2012	9. Reporting Period End Date 06/30/2010				
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			\$ 9,534.18				
f. Federal share of unliquidated obligations			\$ 840,190.82				
g. Total Federal share (sum of lines e and f)			\$ 849,725.00				
h. Unobligated balance of Federal funds (line d minus g)			\$ 359,969.00				
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 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  Alberto A. Lamorena V, Director				e. Date Report Submitted (Month, Day, Year) 07/22/2010			
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 suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503							

Handwritten initials/signature

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 of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 Post Office Box 2950 Hagatna, 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 <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2009	To: (Month, Day, Year) 09/30/2012	9. Reporting Period End Date 06/30/2010
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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 penalties. (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  Alberto A. Llanorena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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

Handwritten initials/signature

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 of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, 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) 5101H090920AR108	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 03/01/2009	To: (Month, Day, Year) 02/28/2013	9. Reporting Period End Date 06/30/2010
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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	\$ 952,135.53
f. Federal share of unliquidated obligations	\$ 3,390,795.99
g. Total Federal share (sum of lines e and f)	\$ 4,342,931.52
h. Unobligated balance of Federal funds (line d minus g)	\$ 629,568.48

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 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  Alberto A. Lamorena V., Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

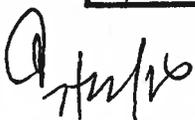
14. Agency use only:
 OJP Vendor Number: 980017947
 Standard Form 425 OMB
 Approval Number: 0348-0061
 Expiration Date: 10/31/2011

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

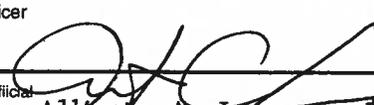
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 [Signature] 7/24/10

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 of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-0000							
4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H100920SE107	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 10/01/2008		To: (Month, Day, Year) 09/30/2012	9. Reporting Period End Date 06/30/2010				
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 penalties. (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		
b. Signature of Authorized Certifying Official  Alberto A. Lamorena V, Director					d. Email address tcuabo@mail.gov.gu		
					e. Date Report Submitted (Month, Day, Year) 07/22/2010		
					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 suggestions 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 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 2950 Hagatna, 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) 5101E100933PA101	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 10/01/2009		To: (Month, Day, Year) 09/30/2011	9. Reporting Period End Date 06/30/2010				
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			\$ 5,903.12				
f. Federal share of unliquidated obligations			\$ 129,096.88				
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 penalties. (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			
b. Signature of Authorized Certifying Official  Alberto A. Lamorena V, Director				d. Email address tcuabo@mail.gov.gu			
				e. Date Report Submitted (Month, Day, Year) 07/22/2010			
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 suggestions 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 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-0058	Page <u>1</u> of <u>1</u>
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, 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) 5101H080902E1108	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2007	To: (Month, Day, Year) 09/30/2011	9. Reporting Period End Date 06/30/2010
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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	\$ 238,300.87
f. Federal share of unliquidated obligations	\$ 89,384.13
g. Total Federal share (sum of lines e and f)	\$ 327,685.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 45,588.00

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 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) 07/22/2010

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) 2008-RT-BX-0012	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
**Guam Bureau of Statistics and Plans
 P. O. Box 2950 Hagatna, GU 96932-0000**

4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H090920SE107	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2007	To: (Month, Day, Year) 09/30/2011	9. Reporting Period End Date 06/30/2010
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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	\$ 1,488.89
f. Federal share of unliquidated obligations	\$ 32,668.00
g. Total Federal share (sum of lines e and f)	\$ 34,156.89
h. Unobligated balance of Federal funds (line d minus g)	\$ 2,141.11

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 Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
b. Signature of Authorized Certifying Official  Alberto A. Lamorena V., Director	d. Email address tcuabo@mail.gov.gu
	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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 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 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 of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
Guam Bureau of Statistics and Plans
Post Office Box 2950 Hagatna, 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 <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 09/01/2008	To: (Month, Day, Year) 08/31/2011	9. Reporting Period End Date 06/30/2010
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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

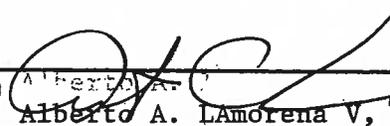
Program Income:

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 penalties. (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  Alberto A. Lamorena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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 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 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
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, 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) 5101E090933PA101	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2008	To: (Month, Day, Year) 09/30/2010	9. Reporting Period End Date 06/30/2010
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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	\$ 75,758.56
f. Federal share of unliquidated obligations	\$ 17,273.44
g. Total Federal share (sum of lines e and f)	\$ 93,032.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 6,305.00

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 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) 07/22/2010

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 <u>1</u> of <u>1</u>
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, 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) 5101H070920E1108	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2006 To: (Month, Day, Year) 09/30/2011	9. Reporting Period End Date 06/30/2010
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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	\$ 848,030.78
f. Federal share of unliquidated obligations	\$ 266,872.51
g. Total Federal share (sum of lines e and f)	\$ 1,114,903.29
h. Unobligated balance of Federal funds (line d minus g)	\$ 17,109.71

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

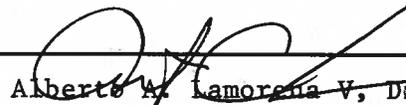
Program Income:

l. Total Federal program income earned	\$ 33,581.56
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 33,581.56
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 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  Alberto A. Lamorena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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-RT-BX-0056	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
**Guam Bureau of Statistics and Plans
 P. O. Box 2950 Hagatna, GU 96932-0000**

4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H070920SE107	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2006	To: (Month, Day, Year) 09/30/2011	9. Reporting Period End Date 06/30/2010
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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	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 0.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 38,567.00

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

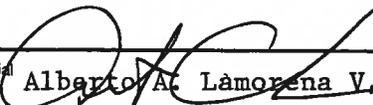
Program Income:

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 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  Alberto A. Lamorena V. Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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 suggestions 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 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
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, GU 96932-0000

4a. DUNS Number 778904292	4b. EIN 98-0017947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H070920SE1024	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 08/31/2010	9. Reporting Period End Date 06/30/2010
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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	\$ 52,329.58
f. Federal share of unliquidated obligations	\$ 658.93
g. Total Federal share (sum of lines e and f)	\$ 52,988.51
h. Unobligated balance of Federal funds (line d minus g)	\$ 2,920.49

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

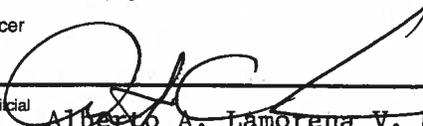
Program Income:

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:

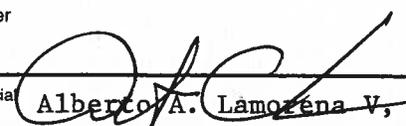
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official 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  Alberto A. Lamorena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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-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 2950 Hagatna, GU 96932-2950							
4a. DUNS Number 855031506	4b. EIN 98-0017947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H060920SE107	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 10/01/2005 To: (Month, Day, Year) 09/30/2010			9. Reporting Period End Date 06/30/2010				
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			\$ 39,891.00				
f. Federal share of unliquidated obligations			\$ 0.00				
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 penalties. (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  Alberto A. Lamozena V, Director					e. Date Report Submitted (Month, Day, Year) 07/22/2010		
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 suggestions 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 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 of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, 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) 5101H060920E1108	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2005 To: (Month, Day, Year) 09/30/2010	9. Reporting Period End Date 06/30/2010
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10. Transactions (Use lines a-c for single or multiple grant reporting)	Cumulative
Federal Cash (To report multiple grants also use FFR Attachment):	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$ 730,000.00
e. Federal share of expenditures	\$ 660,669.49
f. Federal share of unliquidated obligations	\$ 67,003.81
g. Total Federal share (sum of lines e and f)	\$ 727,673.30
h. Unobligated balance of Federal funds (line d minus g)	\$ 2,326.70

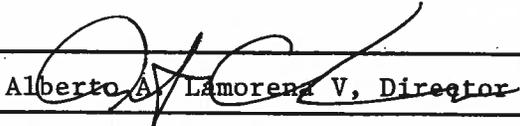
Recipient Share:	
i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

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 penalties. (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) 07/22/2010

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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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 (03448-0060). Washington, DC 20503

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 of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, 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) 5101E080933PA101	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2007	To: (Month, Day, Year) 09/30/2010	9. Reporting Period End Date 06/30/2010
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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	\$ 69,398.15
f. Federal share of unliquidated obligations	\$ 27,195.85
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

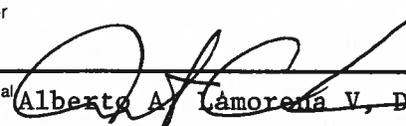
Program Income:

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 penalties. (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  Alberto A. Lamorena V., Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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-RT-BX-0054	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
**Guam Bureau of Statistics and Plans
 Post Office Box 2950 Hagatna, GU 96932-2950**

4a. DUNS Number 855031506	4b. EIN 98-0017947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H050920SE107	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2004	To: (Month, Day, Year) 09/30/2010	9. Reporting Period End Date 06/30/2010
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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	\$ 106,594.53
f. Federal share of unliquidated obligations	\$ 29,318.47
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 penalties. (U.S. Code Title 18, Section 1001)

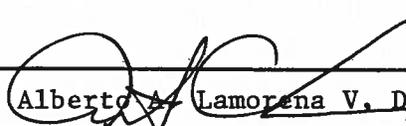
a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
	d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official  Alberto V. Lamorena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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 of 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 778904292		4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H050920E1108			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year) 10/01/2004			To: (Month, Day, Year) 09/30/2010			9. Reporting Period End Date 06/30/2010		
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						\$ 1,238,750.00		
f. Federal share of unliquidated obligations						\$ 0.00		
g. Total Federal share (sum of lines e and f)						\$ 1,238,750.00		
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						\$ 73,692.54		
m. Program income expended in accordance with the deduction alternative								
n. Program income expended in accordance with the addition alternative						\$ 50,523.87		
o. Unexpended program income (line l minus line m or line n)						\$ 23,168.67		
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 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  Alberto A. Lamorena V., Director					e. Date Report Submitted (Month, Day, Year) 07/22/2010			
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) 2005-DJ-BX-0071	Page <u>1</u> of <u>1</u>
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3. Recipient Organization (Name and complete address including Zip code)
 Guam Bureau of Statistics and Plans
 P.O. Box 2950 Hagatna, GU 96932-2950

FINAL

4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H050920E1108	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2004 To: (Month, Day, Year) 09/30/2010	9. Reporting Period End Date 09/30/2010
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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	\$ 1,238,750.00
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 1,238,750.00
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	\$ 73,692.54
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 50,523.87
o. Unexpended program income (line l minus line m or line n)	\$ 23,168.67

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 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  Alberto A. Lamorena V. Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

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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