

# BUREAU OF STATISTICS AND PLANS

Government of Guam



*PLH*  
**Felix P. Camacho**  
Governor of Guam

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

**Michael W. Cruz, M.D.**  
Lieutenant Governor

**Alberto "Tony" Lamorena V**  
Director

FEB 06 2009

2009 FEB - 6 PM 2: 07

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

RE: FY 2009 1<sup>st</sup> Quarter Federal Funding Reports

Dear Speaker Won Pat:

Pursuant to P.L. 29-113, Chapter VII, Section 20 – Quarterly Report on Federal Funds the Bureau of Statistics and Plans administers and which the corresponding grantor requires the submittal of a Quarterly Financial Status Reports.

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: Office of the Public Auditor  
BBMR

30-09-0226  
Office of the Speaker  
Judith T. Won Pat, Ed. D.  
Date 2/06/09  
Time 9:30  
Received by

0233

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  <i>(See instructions on back)</i>	OMB APPROVAL NO. <b>0348-0004</b>		PAGE <b>1</b> OF <b>1</b> PAGES
	1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT  b. "X" the applicable box <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST  <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  <b>U.S. DEPT. OF INTERIOR/Off. of Insular Affairs</b>	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  <b>CRI-GU-05</b>	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  <b>93005113-02</b>
--	---	--

6. EMPLOYER IDENTIFICATION NUMBER <b>98-0018947</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>5101H050930E113</b>	8. PERIOD COVERED BY THIS REQUEST	
		FROM (month, day, year) <b>07/01/08</b>	TO (month, day, year) <b>09/30/08</b>

9. RECIPIENT ORGANIZATION  <b>Name: BUREAU OF STATISTICS AND PLANS</b>  <b>Number and Street: P.O. BOX 2950</b>  <b>City, State and ZIP Code: HAGATNA, GUAM 96932</b>	10. PAYEE (Where check is to be sent if different than item 9)  <b>Name: TREASURER OF GUAM</b>  <b>Number and Street: P.O. BOX 884</b>  <b>City, State and ZIP Code: HAGATNA, GUAM 96932</b>
---	--


**11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED**

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 459,985.44	\$	\$	\$ 459,985.44
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays (Line a minus line b)	459,985.44	0.00	0.00	459,985.44
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total (Sum of lines c & d)	459,985.44	0.00	0.00	459,985.44
f. Non-Federal share of amount on line e	0.00			0.00
g. Federal share of amount on line e	459,985.44			459,985.44
h. Federal payments previously requested	433,886.49			433,886.49
i. Federal share now requested (Line g minus line h)	26,098.95	0.00	0.00	26,098.95
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

**12. ALTERNATE COMPUTATION FOR ADVANCES ONLY**

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

## CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED January 7, 2009
	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans	TELEPHONE (AREA CODE, NUMBER, EXTENSION) (671) 472-4201

This space for agency use

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

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

## INSTRUCTIONS

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

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

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>US DEPARTMENT OF COMMERCE NOAA/OCRM</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>NA06NOS4260114</b>  <small>2006 CORAL REEF MONITORING GRANT</small>		OMB Approval No. <b>1121-0264</b>	Page of  1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>BUREAU OF STATISTICS AND PLANS P. O. Box 2950 HAGATNA, GUAM 96932</b>					
4. Vendor Number <b>980018947</b>		5. Recipient Account Number or Identifying Number <b>5101H070930E1114</b>		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2006</b>		To: (Month, Day, Year) <b>9/30/2008</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>04/01/2008</b>	
				To: (Month, Day, Year) <b>9/30/2008</b>	
10. Transactions:			I Previously Reported	II This Report	III Cumulative
a. Total outlays			13,483.00	86,256.15	99,739.15
b. Recipient share of outlays			0	0.00	0.00
c. Federal share of outlays			13,483.00	86,256.15	99,739.15
d. Total unliquidated obligations					0
e. Recipient share of unliquidated obligations					0
f. Federal share of unliquidated obligations					0
g. Total Federal share (Sum of lines c and f)					99,739.15
h. Total Federal funds authorized for this funding period					128,095.00
i. Unobligated balance of Federal funds (Line h minus line g)					28,355.85
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula Pass Through		\$	C. Forfeit		\$
B. Federal Grant Sub-Grant		\$	D. Other		\$
			E. Expended		\$
			F. Unexpended		\$
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.					
Typed or Printed Name and Title  <b>ALBERTO A. LAMORENA, DIRECTOR</b> Bureau of Statistics and Plans				Telephone (Area code, number and extension)  (671) 472-4201	
Signature of Authorized Certifying Official				Date Report Submitted	

12/22/08  
 12/22/08

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

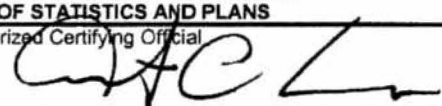
1. Federal Agency and Organizational Element to Which Report is Submitted  <b>US DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS/NOAA</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>CRI-GU-05</b>  <small>2005 Coral Reef Initiative</small>		OMB Approval No. <b>1121-0264</b>	Page of  <b>1 / 1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>BUREAU OF STATISTICS AND PLANS P. O. Box 2950 HAGATNA, GUAM 96932</b>					
4. Vendor Number <b>980018947</b>		5. Recipient Account Number or Identifying Number <b>5101H050930E113</b>		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>11/01/2004</b>		To: (Month, Day, Year) <b>9/30/2008</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>7/1/2008</b>	
To: (Month, Day, Year) <b>9/30/2008</b>					
10. Transactions:			I Previously Reported	II This Report	III Cumulative
a. Total outlays			433,886	26,099	459,985
b. Recipient share of outlays			0	0	0
c. Federal share of outlays			433,886	26,099	459,985
d. Total unliquidated obligations					0
e. Recipient share of unliquidated obligations					0
f. Federal share of unliquidated obligations					0
g. Total Federal share (Sum of lines c and f)					459,985
h. Total Federal funds authorized for this funding period					483,196
i. Unobligated balance of Federal funds (Line h minus line g)					23,211
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula Pass Through		\$	C. Forfeited		\$
B. Federal Grant Sub-Grant		\$	D. Other		\$
			E. Expended		\$
			F. Unexpended		\$
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.					
Typed or Printed Name and Title  <b>ALBERTO A. LAMORENA, V, DIRECTOR BUREAU OF STATISTICS AND PLANS</b>				Telephone (Area code, number and extension)  (671) 475-4201	
Signature of Authorized Certifying Official				Date Report Submitted	

9  
12/24/08

# FINANCIAL STATUS REPORT

(Short Form)

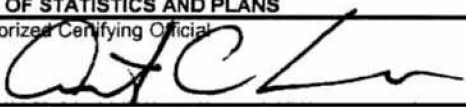
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>US DEPARTMENT OF COMMERCE NOAA/OCRM</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>NA5NOS4191171</b>  <small>2008 GCMP 306</small>		OMB Approval No. <b>1121-0264</b>	Page of  <b>1 / 1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>BUREAU OF STATISTICS AND PLANS P. O. Box 2950 HAGATNA, GUAM 96932</b>  <b>FINAL REPORT</b>					
4. Vendor Number <b>980018947</b>		5. Recipient Account Number or Identifying Number <b>5101H060930CE101</b>		6. Final Report [XX] Yes [ ] No	
7. Basis [ ] Cash [X] Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2005</b>		To: (Month, Day, Year) <b>9/30/2008</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>4/1/2008</b>	
				To: (Month, Day, Year) <b>9/30/2008</b>	
10. Transactions:		I Previously Reported	II This Report	III Cumulative	
a. Total outlays		<b>638,022</b>	<b>117,369</b>	<b>755,391</b>	
b. Recipient share of outlays		0	0	0	
c. Federal share of outlays		<b>638,022</b>	<b>117,369</b>	<b>755,391</b>	
d. Total unliquidated obligations				0	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				0	
g. Total Federal share (Sum of lines c and f)				<b>755,391</b>	
h. Total Federal funds authorized for this funding period				<b>844,000</b>	
i. Unobligated balance of Federal funds (Line h minus line g)				<b>88,609</b>	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) [ ] Provisional [ ] Predetermined [ ] Final [ ] Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula Pass Through \$		C. Forfeited \$		E. Expended \$	
B. Federal Grant Sub-Grant \$		D. Other \$		F. Unexpended \$	
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.					
Typed or Printed Name and Title  <b>ALBERTO A. LAMORENA, V, DIRECTOR BUREAU OF STATISTICS AND PLANS</b>			Telephone (Area code, number and extension)  <b>(671) 475-4201</b>		
Signature of Authorized Certifying Official 			Date Report Submitted		

9/2/08

# FINANCIAL STATUS REPORT

(Short Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>US DEPARTMENT OF COMMERCE NOAA/OCRM</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>NA5NOS4191171</b>		OMB Approval No. <b>1121-0264</b>	Page of  <b>1 / 1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>BUREAU OF STATISTICS AND PLANS P. O. Box 2950 HAGATNA, GUAM 96932</b>					
4. Vendor Number <b>980018947</b>		5. Recipient Account Number or Identifying Number <b>5101H060930CE102</b>		6. Final Report [XX] Yes [ ] No	
7. Basis [ ] Cash [X] Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2005</b>		To: (Month, Day, Year) <b>9/30/2008</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>4/1/2008</b>	
				To: (Month, Day, Year) <b>9/30/2008</b>	
10. Transactions:			I Previously Reported	II This Report	III Cumulative
a. Total outlays			36,224	40,776	77,000
b. Recipient share of outlays			0	0	0
c. Federal share of outlays			36,224	40,776	77,000
d. Total unliquidated obligations					0
e. Recipient share of unliquidated obligations					0
f. Federal share of unliquidated obligations					0
g. Total Federal share (Sum of lines c and f)					77,000
h. Total Federal funds authorized for this funding period					77,000
i. Unobligated balance of Federal funds (Line h minus line g)					0
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) [ ] Provisional [ ] Predetermined [ ] Final [ ] Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula Pass Through		\$	C. Forfeit		\$
B. Federal Grant Sub-Grant		\$	D. Other		\$
			E. Expended		\$
			F. Unexpended		\$
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.					
Typed or Printed Name and Title  <b>ALBERTO A. LAMORENA, V, DIRECTOR BUREAU OF STATISTICS AND PLANS</b>				Telephone (Area code, number and extension)  <b>(671) 475-4201</b>	
Signature of Authorized Certifying Official 				Date Report Submitted	

*Handwritten:* 12/29/08

*Handwritten:* 12/29/08

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>US DEPARTMENT OF COMMERCE NOAA/OCRM</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>NA5NOS4191171</b>  <small>310 2008 GCMP 308</small>		OMB Approval No. <b>1121-0264</b>	Page of  <b>1 / 1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>BUREAU OF STATISTICS AND PLANS P. O. Box 2950 HAGATNA, GUAM 96932</b>					
4. Vendor Number <b>980018947</b>		5. Recipient Account Number or Identifying Number <b>5101H060930CE103</b>		6. Final Report [XX] Yes [ ] No	
7. Basis [ ] Cash [X] Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2005</b>		To: (Month, Day, Year) <b>9/30/2008</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>4/1/2008</b>	
To: (Month, Day, Year) <b>9/30/2008</b>					
10. Transactions:					
		I	II	III	
		Previously Reported	This Report	Cumulative	
a. Total outlays		20,000	3,355	23,355	
b. Recipient share of outlays		0	0	0	
c. Federal share of outlays		20,000	3,355	23,355	
d. Total unliquidated obligations				0	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				0	
g. Total Federal share (Sum of lines c and f)				23,355	
h. Total Federal funds authorized for this funding period				40,000	
i. Unobligated balance of Federal funds (Line h minus line g)				16,645	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula Pass Through		\$	C. Forfeit		\$
B. Federal Grant Sub-Grant		\$	D. Other		\$
			E. Expended		\$
			F. Unexpended		\$
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.					
Typed or Printed Name and Title  <b>ALBERTO A. LAMORENA, V, DIRECTOR BUREAU OF STATISTICS AND PLANS</b>				Telephone (Area code, number and extension)  (671) 475-4201	
Signature of Authorized Certifying Official  				Date Report Submitted	

12/29/08


12/29/08



# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>	2. Grant or Award Number Assigned by OJP  2004-GP-CX-0701	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-0000					
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101H050920SE101	6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2004                              09/30/2009		9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		\$323,502.00	\$508.00	\$324,010.00	
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00	
c. Federal share of outlays		\$323,502.00	\$508.00	\$324,010.00	
d. Total unliquidated obligations				\$14,036.00	
e. Recipient share of unliquidated obligations				\$0.00	
f. Federal share of unliquidated obligations				\$14,036.00	
g. Total Federal share (Sum of Lines c and f)				\$338,046.00	
h. Total Federal funds authorized for this funding period				\$362,038.00	
i. Unobligated balance of Federal funds (Line h minus Line g)				\$23,992.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
		PROGRAM INCOME:			
A. Block/Formula passthrough	\$0.00	C. Forfeit	\$0.00	D. Other	\$0.00
B. Federal Funds Subgranted	\$0.00	E. Expended	\$0.00	F. Unexpended	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title  Mr. Alberto A Lamorena Other Director					
		Date Report Submitted 02/01/2009			

received  
 2/4/09

COPY

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted: U.S Dept. of Justice Office of Justice Programs (OJP)
2. Grant or Award Number Assigned by OJP: 2004-DB-BX-0054
OMB Approval No.: 1121-0264
Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code): Guam Bureau of Statistics and Plans, P.O. Box 2950, Hagatna, GU 96932-2950
4. Vendor Number: 980017947
5. Recipient internal code or Identifying Number (if any): 5101H040920E1108
6. Final Report: Yes No
7. Basis: Cash Accrual
8. Funding/Grant Period (See Instructions): From: 10/01/2003 To: 09/30/2009
9. Period Covered by this Report: From: 10/01/2008 To: 12/31/2008
10. Transactions: Table with columns: I Previously Reported, II This Period, III Cumulative. Rows include Total outlays, Recipient Share of outlays, Federal share of outlays, Total unliquidated obligations, etc.
11. Indirect Expense: a. Type of Rate (Provisional, Predetermined, Final, Fixed), b. Rate (0.00%), c. Base (\$0.00), d. Total Amount (\$0.00), e. Federal Share (\$0.00)
12. Remarks: PROGRAM INCOME: A. Block/Formula passthrough \$0.00, B. Federal Funds Subgranted \$0.00, C. Forfeit \$0.00, D. Other \$0.00, E. Expended \$0.00, F. Unexpended \$0.00
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete...
Typed or Printed Name and Title: Mr. Alberto A Lamorena V Director
Signature of Authorized Certifying Official: [Signature]
Date Report Submitted: 02/01/2009


DOJ Standard Form 269a (REV 2002)

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

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2005-DJ-BX-0071		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101H050920E1108		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2004			To: (Month, Day, Year) 09/30/2009		9. Period Covered by this Report From: (Month, Day, Year) 10/01/2008	
					To: (Month, Day, Year) 12/31/2008	
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$701,662.00	\$33,614.00	\$735,276.00
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00
c. Federal share of outlays				\$701,662.00	\$33,614.00	\$735,276.00
d. Total unliquidated obligations						\$503,474.00
e. Recipient share of unliquidated obligations						\$0.00
f. Federal share of unliquidated obligations						\$503,474.00
g. Total Federal share (Sum of Lines c and f)						\$1,238,750.00
h. Total Federal funds authorized for this funding period						\$1,238,750.00
i. Unobligated balance of Federal funds (Line h minus Line g)						\$0.00
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box)  <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00		C. Forfeit	\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00		E. Expended	\$29,169.00	F. Unexpended
						\$58,208.83
						\$29,039.83
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				<div style="border: 1px solid black; padding: 2px; display: inline-block;">received 2/4/09</div>		
Signature of Authorized Certifying Official  				Telephone (Area code, number and extension)  (871) 472-4201		
				Date Report Submitted  02/01/2009		

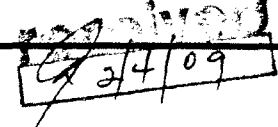
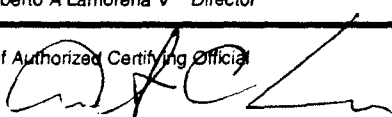
DOJ Standard Form 269a (REV 2002)

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

# FINANCIAL STATUS REPORT

(Short Form)


C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>	2. Grant or Award Number Assigned by OJP  2005-RT-BX-0054	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950				
4. Vendor Number 980017947	5. Recipient internal code or Identifying Number (if any) 5101H050920SE107	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2004                              09/30/2009		9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008		
10. Transactions:		I Previously Reported	II This Period	III Cumulative
		a. Total outlays	\$44,070.00	\$13,669.00
		b. Recipient Share of outlays	\$0.00	\$0.00
		c. Federal share of outlays	\$44,070.00	\$57,739.00
		d. Total unliquidated obligations		\$78,174.00
		e. Recipient share of unliquidated obligations		\$0.00
		f. Federal share of unliquidated obligations		\$78,174.00
		g. Total Federal share (Sum of Lines c and f)		\$135,913.00
		h. Total Federal funds authorized for this funding period		\$135,913.00
		i. Unobligated balance of Federal funds (Line h minus Line g)		\$0.00
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
		PROGRAM INCOME:		
A. Block/Formula passthrough B. Federal Funds Subgranted	\$0.00 \$0.00	C. Forfeit E. Expended	\$0.00 \$0.00	D. Other F. Unexpended
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director		 Date Report Submitted 02/01/2009		
Signature of Authorized Certifying Official 		Date Report Submitted 02/01/2009		

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2006-RT-BX-0059		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages	
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950							
4. Vendor Number  980017947		5. Recipient internal code or Identifying Number (if any)  5101H060920SE107		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2005			To: (Month, Day, Year) 09/30/2009		9. Period Covered by this Report From: (Month, Day, Year) 10/01/2008		To: (Month, Day, Year) 12/31/2008
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				\$6,445.00	\$411.00	\$6,856.00	
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00	
c. Federal share of outlays				\$6,445.00	\$411.00	\$6,856.00	
d. Total unliquidated obligations						\$33,035.00	
e. Recipient share of unliquidated obligations						\$0.00	
f. Federal share of unliquidated obligations						\$33,035.00	
g. Total Federal share (Sum of Lines c and f)						\$39,891.00	
h. Total Federal funds authorized for this funding period						\$39,891.00	
i. Unobligated balance of Federal funds (Line h minus Line g)						\$0.00	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box)  <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00		
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
				PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00		C. Forfeit	\$0.00	D. Other	\$0.00
B. Federal Funds Subgranted		\$0.00		E. Expended	\$0.00	F. Unexpended	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				<b>received</b> 2/1/09			
Signature of Authorized Certifying Official  				Telephone (Area code, number and extension) (671) 472-4201			
				Date Report Submitted 02/01/2009			

DOJ Standard Form 269a (REV 2002)

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

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP <p style="text-align: center;">2006-DJ-BX-0017</p>		OMB Approval No. 1121-0264 Expires: 01/3/2008	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number 980017947	5. Recipient internal code or Identifying Number (if any) 5101H060920EI108		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2005 To: (Month, Day, Year) 09/30/2009			9. Period Covered by this Report From: (Month, Day, Year) 10/01/2008 To: (Month, Day, Year) 12/31/2008			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$307,651.00	\$79,482.00	\$387,133.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$307,651.00	\$79,482.00	\$387,133.00	
d. Total unliquidated obligations					\$333,204.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$333,204.00	
g. Total Federal share (Sum of Lines c and f)					\$720,337.00	
h. Total Federal funds authorized for this funding period					\$730,000.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$9,663.00	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Mr. Alberto A Lamorena V Director					Telephone (Area code, number and extension) (671) 472-4201	
Signature of Authorized Certifying Official 			Date Report Submitted 02/01/2009			

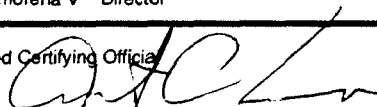
DOJ Standard Form 269a (REV 2002)

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

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2006-GP-CX-0059		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101H070920SE101		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2006			To: (Month, Day, Year) 09/30/2009		9. Period Covered by this Report From: (Month, Day, Year) 10/01/2008	
					To: (Month, Day, Year) 12/31/2008	
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$1,756.00	\$32,560.00	\$34,316.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$1,756.00	\$32,560.00	\$34,316.00	
d. Total unliquidated obligations					\$35,023.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$35,023.00	
g. Total Federal share (Sum of Lines c and f)					\$69,339.00	
h. Total Federal funds authorized for this funding period					\$73,334.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$3,995.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director					Telephone (Area code, number and extension)  (671) 472-4201	
Signature of Authorized Certifying Official  					Date Report Submitted  02/01/2009	

received

2/1/09

DOJ Standard Form 269a (REV 2002)

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

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

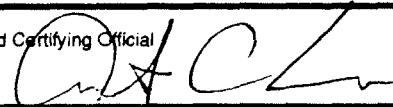
1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>	2. Grant or Award Number Assigned by OJP  2007-CD-BX-0061	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950				
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101E080933PA101	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2007                      09/30/2009		9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                      12/31/2008		
10. Transactions:		I Previously Reported	II This Period	III Cumulative
		a. Total outlays	\$4,853.00	\$703.00
		b. Recipient Share of outlays	\$0.00	\$0.00
		c. Federal share of outlays	\$4,853.00	\$5,556.00
		d. Total unliquidated obligations		\$86,886.00
		e. Recipient share of unliquidated obligations		\$0.00
		f. Federal share of unliquidated obligations		\$86,886.00
		g. Total Federal share (Sum of Lines c and f)		\$92,442.00
		h. Total Federal funds authorized for this funding period		\$96,594.00
		i. Unobligated balance of Federal funds (Line h minus Line g)		\$4,152.00
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
		PROGRAM INCOME:		
A. Block/Formula passthrough	\$0.00	C. Forfeit	\$0.00	D. Other
				\$0.00
B. Federal Funds Subgranted	\$0.00	E. Expended	\$0.00	F. Unexpended
				\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director			Telephone (Area code, number and extension) (671) 472-4201	
Signature of Authorized Certifying Official 			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>received</b>          FEB 7 4 09       </div>	
			Date Report Submitted 02/01/2009	



# FINANCIAL STATUS REPORT

(Short Form)


C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>	2. Grant or Award Number Assigned by OJP  2007-DJ-BX-0063	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950					
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101H070920E1108	6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2006                              09/30/2010		9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		\$40,612.00	\$113,855.00	\$154,467.00	
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00	
c. Federal share of outlays		\$40,612.00	\$113,855.00	\$154,467.00	
d. Total unliquidated obligations				\$775,262.00	
e. Recipient share of unliquidated obligations				\$0.00	
f. Federal share of unliquidated obligations				\$775,262.00	
g. Total Federal share (Sum of Lines c and f)				\$929,729.00	
h. Total Federal funds authorized for this funding period				\$1,132,013.00	
i. Unobligated balance of Federal funds (Line h minus Line g)				\$202,284.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
		PROGRAM INCOME:			
A. Block/Formula passthrough	\$0.00	C. Forfeit	\$0.00	D. Other	\$0.00
B. Federal Funds Subgranted	\$0.00	E. Expended	\$0.00	F. Unexpended	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director		 Signature of Authorized Certifying Official			
		Telephone (Area code, number and extension) (871) 472-4201			
		Date Report Submitted 02/01/2009			

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>	2. Grant or Award Number Assigned by OJP  2007-RT-BX-0056	OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-				
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101H070920SE107	6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2006                              09/30/2010		9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008		
10. Transactions:		I Previously Reported	II This Period	III Cumulative
a. Total outlays		\$0.00	\$0.00	\$0.00
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00
c. Federal share of outlays		\$0.00	\$0.00	\$0.00
d. Total unliquidated obligations				\$0.00
e. Recipient share of unliquidated obligations				\$0.00
f. Federal share of unliquidated obligations				\$0.00
g. Total Federal share (Sum of Lines c and f)				\$0.00
h. Total Federal funds authorized for this funding period				\$38,567.00
i. Unobligated balance of Federal funds (Line h minus Line g)				\$38,567.00
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate  0.00%	c. Base  \$0.00	d. Total Amount  \$0.00	e. Federal Share  \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
		PROGRAM INCOME:		
A. Block/Formula passthrough	\$0.00	C. Forfeit	\$0.00	D. Other
B. Federal Funds Subgranted	\$0.00	E. Expended	\$0.00	F. Unexpended
			\$0.00	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director			Telephone (Area code, number and extension)  (671) 472-4201	
Signature of Authorized Certifying Official 			Date Report Submitted 02/01/2009	

received  
 2/4/09

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>	2. Grant or Award Number Assigned by OJP  2007-GP-CX-0028	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages		
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-						
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101H070920SE102	6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 09/01/2007                              08/31/2010		9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008				
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$8,737.00	\$9,943.00	\$18,680.00
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00
c. Federal share of outlays				\$8,737.00	\$9,943.00	\$18,680.00
d. Total unliquidated obligations						\$31,951.00
e. Recipient share of unliquidated obligations						\$0.00
f. Federal share of unliquidated obligations						\$31,951.00
g. Total Federal share (Sum of Lines c and f)						\$50,631.00
h. Total Federal funds authorized for this funding period						\$55,909.00
i. Unobligated balance of Federal funds (Line h minus Line g)						\$5,278.00
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00		
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
		PROGRAM INCOME:				
A. Block/Formula passthrough	\$0.00	C. Forfeit	\$0.00	D. Other	\$0.00	
B. Federal Funds Subgranted	\$0.00	E. Expended	\$0.00	F. Unexpended	\$0.00	
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director			Telephone (Area code, number and extension)  (671) 472-4201			
Signature of Authorized Certifying Official 					Date Report Submitted 02/01/2009	

DOJ Standard Form 269a (REV 2002)

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

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y


1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>	2. Grant or Award Number Assigned by OJP  2008-CD-BX-0008	OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages	
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950					
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101E090933PA101	6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              09/30/2009		9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
		a. Total outlays	\$0.00	\$0.00	\$0.00
		b. Recipient Share of outlays	\$0.00	\$0.00	
		c. Federal share of outlays	\$0.00	\$0.00	
		d. Total unliquidated obligations		\$0.00	
		e. Recipient share of unliquidated obligations		\$0.00	
		f. Federal share of unliquidated obligations		\$0.00	
		g. Total Federal share (Sum of Lines c and f)		\$0.00	
		h. Total Federal funds authorized for this funding period		\$99,337.00	
		i. Unobligated balance of Federal funds (Line h minus Line g)		\$99,337.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate  0.00%	c. Base  \$0.00	d. Total Amount  \$0.00	e. Federal Share  \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
		PROGRAM INCOME:			
A. Block/Formula passthrough	\$0.00	C. Forfeit	\$0.00	D. Other	\$0.00
B. Federal Funds Subgranted	\$0.00	E. Expended	\$0.00	F. Unexpended	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director			Telephone (Area code, number and extension)  (871) 472-4201		
Signature of Authorized Certifying Official  			Date Report Submitted  02/01/2009		

received

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2008-RT-BX-0012		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages	
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-							
4. Vendor Number  980017947		5. Recipient internal code or Identifying Number (if any)  5101H090920SE107		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2007                              09/30/2011			9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008				
10. Transactions:			I Previously Reported	II This Period	III Cumulative		
a. Total outlays			\$0.00	\$135.00	\$135.00		
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00		
c. Federal share of outlays			\$0.00	\$135.00	\$135.00		
d. Total unliquidated obligations					\$0.00		
e. Recipient share of unliquidated obligations					\$0.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (Sum of Lines c and f)					\$135.00		
h. Total Federal funds authorized for this funding period					\$36,298.00		
i. Unobligated balance of Federal funds (Line h minus Line g)					\$36,163.00		
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
	b. Rate  0.00%	c. Base  \$0.00	d. Total Amount  \$0.00		e. Federal Share  \$0.00		
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
			PROGRAM INCOME:				
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other	\$0.00
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director					Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 					Date Report Submitted  02/01/2009		

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2008-GP-CX-0047		OMB Approval No. 1121-0264 Expires: 01/3/2008	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 09/01/2008                              08/31/2011			9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2008                              12/31/2008			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$0.00	
h. Total Federal funds authorized for this funding period					\$53,679.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$53,679.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00		e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough			\$0.00	C. Forfeit		\$0.00
B. Federal Funds Subgranted			\$0.00	D. Other		\$0.00
				E. Expended		\$0.00
				F. Unexpended		\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				Telephone (Area code, number and extension) (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 02/01/2009		

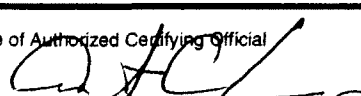
received

2/4/09

# FINANCIAL STATUS REPORT

(Short Form)

C O P Y

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP <b>2008-DJ-BX-0058</b>		OMB Approval No. <b>1121-0264</b> Expires: 01/3/2006	Page <b>1</b>	of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number <b>980017947</b>	5. Recipient internal code or Identifying Number (if any) <b>5101H080920EI108</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2007</b> To: (Month, Day, Year) <b>09/30/2011</b>			9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2008</b> To: (Month, Day, Year) <b>12/31/2008</b>			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$0.00	
h. Total Federal funds authorized for this funding period					\$373,273.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$373,273.00	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
b. Rate <b>0.00%</b>		c. Base <b>\$0.00</b>		d. Total Amount <b>\$0.00</b>		e. Federal Share <b>\$0.00</b>
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title <b>Mr. Alberto A Lamorena V Director</b>			<b>received</b> <b>APR 24 09</b>		Telephone (Area code, number and extension) <b>(671) 472-4201</b>	
Signature of Authorized Certifying Official 			Date Report Submitted <b>02/01/2009</b>			

DOJ Standard Form 269a (REV 2002)

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

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Commerce Economic Development Administration</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>07-79-05853</b>  2006 Reg. Distribution Center Study Grant	OMB Approval No. <b>1121-0264</b>	Page of  <b>1 / 1</b>  pages
---	--	--------------------------------------	--

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

**BUREAU OF STATISTICS AND PLANS** **SEMI-ANNUAL REPORT**  
**P.O. BOX 2950**  
**HAGATNA, GUAM 96932**

4. Employer Identification Number <b>98-0017947</b>	5. Recipient Account Number or Identifying Number <b>5101H070920E1104</b>	6. Final Report [ ] YES [ X ] NO	7. Basis [ ] Cash [ X ] Accrual
--	--	-------------------------------------	------------------------------------

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>09/01/06</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>03/01/08</b>	
To: (Month, Day, Year) <b>03/31/09</b>		To: (Month, Day, Year) <b>06/30/2008</b>	

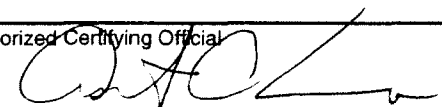
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	0	0
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	0	0
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share (Sum of lines c and f)			0
h. Total Federal funds authorized for this funding period			<b>200,000</b>
i. Unobligated balance of Federal funds (Line h minus line g)			<b>200,000</b>

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

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

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

Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans	Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>
---	---

Signature of Authorized Certifying Official 	Date Report Submitted <b>FEB 03 2009</b>
--	---



# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. Department of Commerce  
Economic Development Authority (EDA)

## 2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number  
07-79-05853

5. Recipient's account number or identifying number  
5101H070920E1104

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

## 10. PERIOD COVERED BY THIS REPORT

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

FROM (month, day, year)

03/01/2008

TO (month, day, year)

06/30/2008

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	\$	0.00
b. Letter of credit withdrawals		0.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		0.00
e. Total cash available (Sum of lines a and d)		0.00
f. Gross disbursements		0.00
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		0.00
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	\$	0.00

## 12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income	\$	0.00
b. Advances to subgrantees or subcontractors	\$	0.00

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15.

### CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Director  
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

02/02/2009

TELEPHONE (Area Code, Number, Extension)

THIS SPACE FOR AGENCY USE

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Commerce Economic Development Administration</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>07-79-05853</b>  2006 Reg. Distribution Center Study Grant	OMB Approval No. <b>1121-0264</b>	Page of  <b>1 / 1</b>  pages
---	--	--------------------------------------	--

3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932</b> </div> <div style="width: 35%; text-align: right;"> <b>SEMI-ANNUAL REPORT</b> </div> </div>
---

4. Employer Identification Number <b>98-0017947</b>	5. Recipient Account Number or Identifying Number <b>5101H070920E104</b>	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
--	---	--	---

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>09/01/06</b> To: (Month, Day, Year) <b>03/31/09</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>07/01/08</b> To: (Month, Day, Year) <b>12/31/08</b>
--	--

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	0	0
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	0	0
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share (Sum of lines c and f)			0
h. Total Federal funds authorized for this funding period			<b>200,000</b>
i. Unobligated balance of Federal funds (Line h minus line g)			<b>200,000</b>

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

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

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

Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans</b>	Telephone (Area code, number and extension) <b>1- 671- 472 -4201</b>
--	---

Signature of Authorized Certifying Official 	Date Report Submitted <b>FEB 03 2009</b>
--	---

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. Department of Commerce  
Economic Development Authority (EDA)

## 2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number

07-79-05853

5. Recipient's account number or identifying number

5101H070920E1104

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

## 10. PERIOD COVERED BY THIS REPORT

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

FROM (month, day, year)

7/01/2008

TO (month, day, year)

12/31/2008

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	\$	0.00
b. Letter of credit withdrawals		0.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		0.00
e. Total cash available (Sum of lines a and d)		0.00
f. Gross disbursements		0.00
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		0.00
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	\$	0.00

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income	\$	0.00
b. Advances to subgrantees or subcontractors	\$	0.00

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15.

### CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Director  
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

02/02/2009

TELEPHONE (Area Code,  
Number, Extension)

THIS SPACE FOR AGENCY USE

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Commerce Economic Development Administration</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>07-69-06320</b>  <small>2009 Reg. Comprehensive Econ. Dev. Strategy</small>	OMB Approval No. <b>1121-0264</b>	Page of <b>1 / 1</b>  pages
---	---	--------------------------------------	--------------------------------------

3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932</b> </div> <div style="width: 35%; text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>
---

4. Employer Identification Number <b>98-0017947</b>	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
--	---	--	---


8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/08</b> To: (Month, Day, Year) <b>12/31/09</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/08</b> To: (Month, Day, Year) <b>12/31/08</b>
--	--

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	0	0
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	0	0
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share (Sum of lines c and f)			0
h. Total Federal funds authorized for this funding period			<b>200,000</b>
i. Unobligated balance of Federal funds (Line h minus line g)			<b>200,000</b>

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

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

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

Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans</b>	Telephone (Area code, number and extension) <b>1- 671- 472 -4201</b>
Signature of Authorized Certifying Official 	Date Report Submitted <b>FEB 03 2009</b>

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. Department of Commerce  
Economic Development Authority (EDA)

## 2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number  
07-69-06320

5. Recipient's account number or identifying number

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

## 10. PERIOD COVERED BY THIS REPORT

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

FROM (month, day, year)

10/01/2008

TO (month, day, year)

12/31/2008

## 11. STATUS OF FEDERAL CASH

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	\$	0.00
b. Letter of credit withdrawals		0.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		0.00
e. Total cash available (Sum of lines a and d)		0.00
f. Gross disbursements		0.00
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		0.00
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	\$	0.00

## 12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income	\$	0.00
b. Advances to subgrantees or subcontractors	\$	0.00

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15. CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, Director  
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

02/02/2009

TELEPHONE (Area Code,  
Number, Extension)

THIS SPACE FOR AGENCY USE